



Orange Beach City Schools

4544 Orange Beach Boulevard, Orange Beach, AL 36561

(251) 424-1730

Physician's Dietary Order for School Meals

Student's Name: _____ DOB: _____ Grade: _____

Name of School: _____

Student's Diagnosis: _____

FOODS TO OMIT DUE TO ALLERGY OR SENSITIVITY

Please list

Food to omit:

Foods to substitute:

Other diet modifications:

Special Diet

Specify amount required

___ Carbohydrate

_____ Grams per meal

___ Calories

_____ Calories per meal

___ Modified texture

_____ (i.e ground, pureed)

--- Other- Please specify

Please indicate which meals your child plans to eat at school: Breakfast ___ Lunch ___

List any extracurricular activities your child participates in: _____

Parent Signature: _____

Physician's Signature: _____ Date: _____

