



SPECIAL DIET ORDER FORM

Physician's statement for GODLEY ISD student with special dietary needs

Please fax to 817-389-3242 or mail form to: Godley ISD Foodservice Dept., 313 N. Pearson, Godley, TX 76044

Part 1 - to be completed by Parent/Guardian Student's Last Name: _____ Today's Date _____ Student's Grade _____ Parent/Guardian Name: _____ Parent/Guardian Signature _____	Student's ID # _____ Birthdate _____
	Student's First Name: _____
	Campus: _____
	Parent Phone: _____
	Mailing Address: _____

Part 2 - to be completed by licensed Physician Does the student have a Disability* that effects a major life activity? ** Circle one: YES NO Is it considered immediately Life-Threatening? YES NO For Allergy, is it by: (Check all that apply) Contact _____ Ingestion _____ Inhalation _____ Explain why the Disability restricts the child's diet: _____ _____	Name of disability or medical condition: _____
	How it affects a major life activity: _____
	Specify Feeding Equipment: _____
	Specify Formulas: _____

FOODS TO BE OMITTED: _____ _____ _____	Diabetes: Type 1 _____ Type II _____
	Grams of Carbs at Breakfast: _____ Lunch: _____
	Foods to be Substituted: _____

Texture Modification Needed: Pureed _____ Ground _____ Chopped _____ Other _____ Other Instructions: _____ _____ _____	Liquid Consistency Modification Needed: Regular _____ Nectar _____ Honey _____ Pudding _____
	Physician's Printed Name & Address: _____ _____

Physician's Signature: _____	Physician's Telephone Number: _____	Date: _____
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Food Service Use Only	
Date received at FS office: _____	Date sent to FS Manager: _____

*Definition of Disability per Rehabilitation Act of 1973 and Americans with Disabilities Act 1990: a physical or mental impairment that substantially limits one or more major life activities. Examples of physical or mental impairments include: orthopedic, visual, speech, hearing, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, metabolic diseases such as diabetes and PKU, food anaphylaxis (severe food allergy), mental retardation, emotional illness, specific learning disabilities, human immunodeficiency disease and tuberculosis. Definition of "disability" under part B of the Individuals with Disabilities Education Act delineates 13 disability categories:
such as: asthma, diabetes, nephritis, sickle cell anemia, heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, TB, emotional disturbance, specific learning disabilities, traumatic brain injury, visual impairment, including blindness, and multiple disabilities
**Major life activities covered by this definition include: caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. (Determinations for other special dietary needs, such as food intolerances and non-life threatening allergies will be considered on a case-by-case basis..)