



Cincinnati Public Schools

Student Dining Services - Special Dietary Needs Form

The U.S. Department of Agriculture School Meals Programs requires this form to be completed in order for a reasonable diet modification to be made in school meals.

STUDENT'S NAME (LAST, FIRST)	STUDENT'S DATE OF BIRTH	SCHOOL YEAR

I give CPS SDS permission to speak with medical authority about dietary needs as ordered. I understand that I may refuse to sign this authorization without impact on the eligibility of my request. I understand that I may rescind permission to release this information at any time, except when the information has already been release.

NEW request
 CHANGE request
 DISCONTINUE request

PARENT/GUARDIAN SIGNATURE	PHONE NUMBER	DATE
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Section A. To Be Completed By Medical Authority (MD, PA or NP)

Does the student have a disability which restricts the student's diet? Yes, continue with this section No, refer to **section B**

*If yes, major life activities affected by the disability:

<input type="checkbox"/> eating	<input type="checkbox"/> hearing	<input type="checkbox"/> breathing	<input type="checkbox"/> learning	<input type="checkbox"/> other
<input type="checkbox"/> seeing	<input type="checkbox"/> speaking	<input type="checkbox"/> walking	<input type="checkbox"/> care for one's self	

I. Food Allergy or Intolerance Affecting Major Life Activities:

Milk Allergy <input type="checkbox"/> Avoid all dairy products or specify below <input type="checkbox"/> avoid cheese <input type="checkbox"/> avoid yogurt <input type="checkbox"/> avoid fluid milk -- substitute with: <input type="checkbox"/> water <input type="checkbox"/> soy milk	Lactose Intolerance: <input type="checkbox"/> Avoid all dairy products or specify below <input type="checkbox"/> avoid cheese <input type="checkbox"/> avoid yogurt <input type="checkbox"/> avoid fluid milk -- substitute with: <input type="checkbox"/> water <input type="checkbox"/> soy milk	Egg Allergy: <input type="checkbox"/> Avoid all egg products or specify below <input type="checkbox"/> avoid whole egg (scrambled or boiled) <input type="checkbox"/> avoid egg as an ingredient (baked goods)
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Peanut
 Tree Nut
 Fish
 Shellfish
 Wheat
 Soy
 Sesame

Other: _____

<p>II. Texture Modification of District Provided Food:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> Liquids: <input type="checkbox"/> thin liquids (regular) <input type="checkbox"/> nectar thick <input type="checkbox"/> honey thick <input type="checkbox"/> pudding thick </td> <td style="width: 50%;"> Solids: <input type="checkbox"/> regular <input type="checkbox"/> mechanical soft - chopped <input type="checkbox"/> mechanical soft- ground <input type="checkbox"/> pureed- applesauce texture </td> </tr> </table> <p>Special Utensils Needed: _____</p>	Liquids: <input type="checkbox"/> thin liquids (regular) <input type="checkbox"/> nectar thick <input type="checkbox"/> honey thick <input type="checkbox"/> pudding thick	Solids: <input type="checkbox"/> regular <input type="checkbox"/> mechanical soft - chopped <input type="checkbox"/> mechanical soft- ground <input type="checkbox"/> pureed- applesauce texture	<p>III. Recommended Substitute or Other Nutrition Requirements:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Liquids: <input type="checkbox"/> thin liquids (regular) <input type="checkbox"/> nectar thick <input type="checkbox"/> honey thick <input type="checkbox"/> pudding thick	Solids: <input type="checkbox"/> regular <input type="checkbox"/> mechanical soft - chopped <input type="checkbox"/> mechanical soft- ground <input type="checkbox"/> pureed- applesauce texture		

MEDICAL AUTHORITY NAME (PRINTED)	PHONE NUMBER	DATE
MEDICAL AUTHORITY SIGNATURE		

Section B. To be Completed by Parent/Guardian Yes No

Does the student have a dietary preference? USDA restricts menu modifications due to preference ; however, CPS SDS plans menu to offer a variety of choices daily to accommodate dietary needs

<input type="checkbox"/> Milk Intolerance or specify below <input type="checkbox"/> avoid cheese <input type="checkbox"/> avoid yogurt <input type="checkbox"/> avoid fluid milk -- substitute with water	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Beef	<input type="checkbox"/> No Chicken	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Vegan	<input type="checkbox"/> No Pork	<input type="checkbox"/> No Turkey	