



**Danville Public Schools**  
**Students with Special Dietary Needs**  
**Diet Order Form**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Disability/*Life Threatening* Food Allergy: \_\_\_\_\_

Or Special Diet/Food Allergy: \_\_\_\_\_

Diet prescription (check all that apply):

- Diabetic
- Allergy - Omit Food
- Texture Modification - Type: \_\_\_\_\_
- Other: \_\_\_\_\_

Notes:

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- Physician's signed diet prescription on file
- Licensed Health Professional's signed diet prescription on file

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date

**Please return this form to the cafeteria manager.**

This institution is an equal opportunity provider.