Gulfport School District

Annual Medical Statement for Students with

Special Nutritional Needs

Part 1 (to be completed by parent/guardian)

Student ID# ____________________

Student Name (last)________________________ (first)________________________(MI)_______

SSN__________________ Date of Birth ______________ Age_____

School ____________________________ Grade_________ School Year _____________

What meals will student eat at school? ___Breakfast ___Lunch ___After School Program

Parent/Guardian Name ___________________________________ Signature_________________________________

Phone Number ___________________ Mailing Address ____

Part 2 (to be completed by licensed healthcare provider (MD, PA, NP)

Student Diagnosis__________________________________

Please indicate specific dietary modifications:

Food Allergies: (list specific foods and severity)

____

Ingestion _______ Contact_______ Inhalation________

Nutrient Modification/Restriction: (cholesterol, sodium, gluten, etc.)

____

Diabetic: (please provide diet instruction materials and grams of CHO per meal)

Breakfast ______grams/CHO Lunch______grams/CHO Total Daily Calories _____________

Lactose Intolerance: no milk to drink _____ avoid all dairy products_____

Texture Modification: pureed_____ ground____ chopped____ other_____________________________

NOTE: ALL SPECIAL DIETS MUST INCLUDE A SPECIFIC DIET INSTRUCTION!

Healthcare Provider (please print)________________________________ Phone __________________

Healthcare Provider Signature___________________________________ Date______________________

Part 3 (to be completed by GSD staff)

RN/School Nurse Signature____ Date______________________

RD/Child Nutrition Director Signature ___________________________________ Date______________________

Please Note: For students with diabetes, parents may request a menu be sent home or may go to GSD Child Nutrition web page and download menus to select food choices. Please send selected menu items to your child's school nurse.

Information provided on this form will be used by GSD Child Nutrition to prepare and serve the student's special dietary requirements. This information will only be released to those responsible for the student's meals and the school nurse.