



Coordinated School Health

Special Diet Form

Student's Name	DOB:
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School: _____ School Year: _____ Grade: _____ Teacher: _____

Please complete form and have it signed by licensed physician. Please return form to school nurse.

Federal law and USDA regulation require nutritional accommodations for an impairment which substantially limits a major life activity or function, which can include allergies and digestive conditions, but does not include personal diet preferences.

List any dietary restrictions or special diet:	
List food to avoid:	List foods to be substituted:
List foods that need the following physician ordered change in texture. If all foods need to be prepared in this manner, indicate "ALL". Parent will provide diet in physician ordered texture. Cut up or chopped into bite sized pieces: Finely ground: Pureed:	
Other Dietary Information or Directions:	
Parent's Signature:	Date:
	Phone:
Physician Signature:	Date:
	Phone: