Montgomery County Public Schools

DIETARY REQUEST FORM**

If your child does not have a dietary restriction, please disregard this form

Student Name	DOB
School	Grade
Your Name:	
Your relationship to the student:	
How may we reach you? Cell/Hm# Email:	

Does the child have a **medically diagnosed disability**? (circle one) **YES** **NO**
If yes, please describe reactions, whether they are mild/severe and if they require epi pen for treatment:

If your child has a medical diagnosis, does the child require special nutritional or feeding accommodations?
(Circle) **YES** **NO**
If yes, please describe:

_____

If yes, please request a plan of care from your child's nurse and have it completed and signed by a recognized medical authority.

Do you have **non-medical dietary restrictions or a special diet** request?
YES **NO**
Please describe:

Comments:

Parent/Guardian Signature	Date

****THIS REQUEST IS ONLY VALID FOR THE CURRENT SCHOOL YEAR. DIETARY REQUESTS MUST BE UPDATED AND RE-SUBMITTED EACH SCHOOL YEAR.**

8/2022 SNP