



# Special Diet & Medication Form

New     Change/Modify     Temporary (End Date: \_\_\_\_\_)

## STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

## MEDICAL INFORMATION

**THIS SECTION MUST BE COMPLETED BY A LICENSED HEALTHCARE PROFESSIONAL ONLY**

What is the students' diet restriction? \_\_\_\_\_

In detail, please describe major life activities affected in relation to dietary modification: \_\_\_\_\_

Texture Modification: Ground    Chopped    Pureed    Other (please be specific): \_\_\_\_\_

Tube Feeding: Formula Name: \_\_\_\_\_ Instructions: \_\_\_\_\_ Oral?  YES  NO

Nutrient Modification: Increase Calories \_\_\_\_\_ Decrease Calories \_\_\_\_\_ Nutrient Restriction \_\_\_\_\_

Omit Foods: \_\_\_\_\_ Substitute with: \_\_\_\_\_

Does patient have a life threatening food allergy?  YES  NO

Food Allergies (circle all that apply):

- Fluid Milk     All Dairy Products     Soy     Eggs     All Products With Eggs
- Wheat     Gluten     Corn     All Corn Additives     Seafood
- Peanuts     All Nuts     All Foods Produced in Facility With Nut Products

Can patient consume allergen as an ingredient in food product?  YES  NO

## Administration of Medication at School For Treatment of Allergic Reactions

Allergic Symptoms	Medication	Dosage & Route	Self Carry

Licensed Healthcare Professional Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Licensed Healthcare Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any change of treatment must be requested in writing on this form.  
Once form is submitted, please allow up to five days for processing. Send completed form to food service department.  
By signing below, I understand that it is my responsibility to renew this form anytime my child's medical or health needs change.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_