

Physician Order for Diet Modification

Submit completed form to school office (Instructions on next page)

Part I - To be completed by parent/guardian:

I hereby request that my child receive a modified diet as prescribed by his/her physician.

Child's Name:	Date of Birth:	Physician Name:
School:	Grade:	Teacher:

Parent/Guardian Signature: _____ Date: _____ For School Year: _____

Part II - To be completed by physician:

Medical reasons for diet modification:

Does the student have a FOOD INTOLERANCE? (i.e. lactose intolerance, gluten intolerance, fructose intolerance)	☐ Yes ☐ No
If yes, please list specific food intolerance:	
Foods to be omitted:	
Foods that are appropriate substitutions:	
Specific Instructions (i.e. no liquid milk, may have cheese):	
Does the student have a FOOD ALLERGY? (i.e. tree nuts, peanuts, strawberries)	☐ Yes ☐ No
If yes, please check all that apply: ☐ Peanut ☐ Tree nut ☐ Dairy ☐ Eggs ☐ Fish ☐ Soy ☐ Wheat ☐ Gluten ☐ Sesame ☐ Other (please specify): _____	
Foods to be omitted:	
Foods that are appropriate substitutions:	
Specific Instructions:	
Additional Diet Orders and Precautions	
Diet orders (i.e. food modification, fluid requirements, feeding times, adaptive equipment, texture modification as needed):	
Precautions (i.e. choking, feeding positioning, etc.):	

Physician Signature: _____ Date: _____ Phone: _____

Clinic/Hospital: _____

Instructions for Physician Order for Diet Modification Form

This form should be completed for all children requiring diet and/or feeding modification. Parents should be encouraged to complete this form even if it is not anticipated that the child will eat school breakfast or lunch.

Indications for use include:

1. Food allergies.
2. Diet modification requirements due to health conditions.
3. Requirements for food alteration, e.g., texture modification, fluid requirements, or tube feedings.

Parent/Guardian Responsibilities

1. Notify school of the specialized diet needs of the child.
2. Complete the top of Physician Order for Diet Modification form and sign.
3. Deliver the completed physician orders with physician signature to the school principal.
4. Written instructions must be obtained from the physician and delivered to the school each time there is a change in diet modification.
5. Notify the school, in writing, if the diet modification is discontinued during the school year.

School Responsibilities

1. Provide the parent/guardian with the Physician Order for Diet Modification form for any child needing diet modifications.
2. Promptly notify school nurse of child's dietary needs.
3. Distribute the copies of the form; original to pupil record, copy to Director of the Food & Nutrition Program, copy to Food and Nutrition Manager, copy to School Nurse.
4. Add information to the school health database and pupil record.

School Nurse Responsibilities

1. Provide information to school staff related to the diet modifications or disease as needed.
2. Assist with problem-solving for cases as needed.

Food/Nutrition Responsibilities

1. Provide dietary modifications according to the physician's orders.

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