Johnson City Schools School Nutrition

Special Diet Request Form

This form must be renewed each school year

Student's Name	Grade
Student's School	
Parent/Guardian Name	Phone
Parent/Guardian Email	

Please complete this entire form, and have it signed by the student's doctor.

Return to Food Services in Central office: 100 E. Maple Street, Johnson City, TN 37601

1. Does the student have a disability? Yes ☐ No ☐ If yes, state the disability, and briefly describe the major life activities affected by the disability.

2. Does the student have special nutritional or feeding needs? Yes ☐ No ☐ If yes, please explain special nutritional or feeding needs.

3. Does the student require food substitutions due to allergies? Yes ☐ No ☐ If the student requires food substitutions*, on the next page list the food item(s) to avoid that cause life threatening or severe intolerances and the substitutions for each. *Substitutions will not be made unless this form is completed.

Food Items to Avoid Due to Allergies	Substitutions
Example: Milk	Example: Juice

4. Does the student have food items to avoid due to religious preferences? Yes ☐ No ☐ If yes, please list the items and their substitutions.

Food Items to Avoid Due to Religion	Substitutions
Example: Meat or poultry	Example: Vegetables, fruits, grains, & legumes

5. Does the student only need monitoring for problematic foods with no required substitutions? Yes ☐ No ☐ If yes, please list only problematic foods below, and the symptoms they may cause.

Problematic Food Items	Symptoms
Example: Dairy	Example: Possible upset stomach

6. Does the student require special food preparations such as change in texture or shape? Yes ☐ No ☐ List any foods that require special preparation.

Food Items	Preparation Requirements
Example: "All" for all items, or list individually.	Example: Cut up or chopped into bite-size pieces

7. Does the student require special utensils? Yes ☐ No ☐ If yes, please list them below.

8. Does the student have special eating or feeding patterns? Yes ☐ No ☐

Parent/Guardian of Student	Student's Medical Doctor
Printed Name	Printed Name
Signature	Signature
	Office Name
	Office Address
	City/State/Zip
	Office Phone
	Office Fax