

Special Dietary Needs

Working with you, your student, the healthcare provider, and the school is the best way to keep your child healthy and ready to learn each day at school. If your child requires a special diet or food substitution due to a **FOOD ALLERGY**, please complete the form below and personally return it to your child's school nurse.

Please note this form must be signed by a physician.

Germantown Municipal School District

Special Diet Form

Student's Name	DOB:
-----------------------	------

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: