

Special Dietary Needs Form

Part A: Student Information			
Student's Name		DOB	
School	Grade	Student ID #	
Does this student have a disability or medical condition that requires a special meal or accommodation? A licensed physician must sign the form.		Yes	No
If yes, describe the major life activities affected by the disability			
Does the child have special nutritional or feeding needs due to medical reasons? The form must be signed by a licensed physician, physician's assistant, or nurse practitioner.		Yes	No
Part B: Food Restrictions/Substitutions			
List any dietary restrictions or special dietary requirements.		Result if foods are encountered.	
List food allergies or foods to avoid.			
List foods to be substituted (food substitutions <i>must</i> be included).			
Part C: Medical Personnel Information			
Medical Practitioner's Name <i>and signature</i> :			
Address:			
Telephone:			
Part D: Parent/Guardian Information			
Parent or Guardian:			
Address:			
Telephone:			
Part E: School Nutrition Representative Accepting Form			
Name (printed):		Title:	
Signature:		School:	
Date Received:			

We request that this form be updated annually to ensure that we are providing the best and safest care for our customers.

Walton County is not able to guarantee that menu items will be completely gluten free. Where documented as medically necessary, we can provide gluten free items, but said items are prepared in the same kitchen as non-gluten free items.

This institution is an equal opportunity provider.