



POCONO MOUNTAIN SCHOOL DISTRICT

PO Box 200 • Swiftwater, PA 18370 • 570-839-7121

For Office Use:

Initials

Child Nutrition Department Special Diet Form 2026 - 2027

Part 1 - Parent/Guardian to complete the following			
Today's Date:			
Students Name:		Student ID#:	
Name of School:	Grade:	DOB:	
Which meals will the student be eating from the cafeteria? Circle ALL that apply: Breakfast - Lunch - None			
Parent/Guardian Name:	Good Email to Contact:	Phone #:	

Part 2 - To be completed by a Licensed Physician, Physician's Assistant, or Registered Nurse Practitioner																					
<p>A) Does this student have a severe or life-threatening food allergy, identified disability, or medical condition? <i>The school <u>may</u> choose to accommodate a student with a non-disabling special dietary need.</i></p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>																					
<p>B) Describe condition(s): _____</p>																					
<p>C) Indicate Food Allergy(s) or Food(s) to be <u>Avoided</u>:</p> <table border="0"> <tr> <td><input type="checkbox"/> Lactose Intolerance - Fluid milk only</td> <td><input type="checkbox"/> Wheat/Gluten - Celiac Disease</td> </tr> <tr> <td><input type="checkbox"/> Lactose Intolerance - Fluid milk, yogurt, & cheese (ex. Pizza)</td> <td><input type="checkbox"/> Sesame</td> </tr> <tr> <td><input type="checkbox"/> Milk (MILD Allergy) - Fluid milk only</td> <td><input type="checkbox"/> Peanuts</td> </tr> <tr> <td><input type="checkbox"/> Milk (MILD Allergy) - Dairy & dairy products</td> <td><input type="checkbox"/> Tree Nuts</td> </tr> <tr> <td><input type="checkbox"/> Milk - Dairy, dairy products, & foods with milk ingredients (ex. Muffins, Rice Krispies Treats)</td> <td><input type="checkbox"/> Fish</td> </tr> <tr> <td><input type="checkbox"/> Soybean - Whole soybeans, textured soy protein, & tofu</td> <td><input type="checkbox"/> Shellfish</td> </tr> <tr> <td><input type="checkbox"/> Soybean ingredients- Soybean oil & soy lecithin</td> <td>Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Eggs - Whole eggs (ex. Boiled, scrambled)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Egg ingredients - Eggs cooked into foods (ex. Pancakes)</td> <td></td> </tr> </table>				<input type="checkbox"/> Lactose Intolerance - Fluid milk only	<input type="checkbox"/> Wheat/Gluten - Celiac Disease	<input type="checkbox"/> Lactose Intolerance - Fluid milk, yogurt, & cheese (ex. Pizza)	<input type="checkbox"/> Sesame	<input type="checkbox"/> Milk (MILD Allergy) - Fluid milk only	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Milk (MILD Allergy) - Dairy & dairy products	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Milk - Dairy, dairy products, & foods with milk ingredients (ex. Muffins, Rice Krispies Treats)	<input type="checkbox"/> Fish	<input type="checkbox"/> Soybean - Whole soybeans, textured soy protein, & tofu	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Soybean ingredients- Soybean oil & soy lecithin	Other: _____	<input type="checkbox"/> Eggs - Whole eggs (ex. Boiled, scrambled)		<input type="checkbox"/> Egg ingredients - Eggs cooked into foods (ex. Pancakes)	
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<p>D) May this student have foods that are made in the same facility as any of their allergens (trace amounts)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO - Specify which allergens: _____</p>																					
<p>E) Suggested substitutions for food items not served (Note: Water & juice <u>cannot</u> be substituted for milk in cases of a non-disability per USDA. The district offers Lactaid milk & soymilk as milk substitutes.):</p> <p>_____</p>																					
Medical Authority Credential	Medical Authority Signature	Date	Office Phone #																		

Email or Fax to

mmazaika@pmsd.org or (570)839-3133

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