

Special Diet Order

Annual Medical Statement for Students with Special Nutritional Needs
Incomplete forms cannot be processed and will be returned

Part A: Student information to be filled out completely by parent/guardian (please print)

Student Name (Last)_____ (First)_____ (MI)_____

Date of Birth_____ Age_____ Student ID# _____

School_____ Grade_____

Will student eat School Meals? ☐ Yes ☐ No If Yes, select which meals below:

School Breakfast? ☐ Yes ☐ No School Lunch? ☐ Yes ☐ No Afterschool Snack/Supper? ☐ Yes ☐ No

Parent/Guardian Name_____ Email_____

Complete Mailing Address_____

Street City State Zip

Daytime Phone Number(s) 1)_____ 2)_____

I consent to the exchange of information between the Healthcare Provider and district personnel as needed.

Parent/Guardian Signature_____ Date_____

Part B: To be completed by Authorized Medical Authority ONLY (Physician, Physician Assistant or Nurse Practitioner)

☐ Food Intolerance ☐ Food Allergy ☐ Life-Threatening Food Allergy: Student has Epi-pen/equivalent ☐ Yes ☐ No

Please check **foods to be omitted** at school due to above condition:

DAIRY

- ☐ Fluid Milk: Offer: ☐ Water ☐ Juice ☐ Milk Substitute
☐ Cheese & Recipes containing Cheese
☐ Ice Cream ☐ Yogurt
☐ Items with ANY DAIRY listed

☐ PEANUTS ☐ ALL TREE NUTS, or List:_____

SOY: ☐ SOY PROTEIN ☐ SOY LECITHIN ☐ Items with ANY SOY listed

☐ FISH ☐ SHELLFISH

EGG: ☐ Whole Eggs such as scrambled eggs or egg patty
☐ Any item listing egg, including baked goods.

☐ OTHER (Please be detailed)_____

WHEAT: ☐ Items listing WHEAT as ingredient
☐ Items listing Gluten-containing ingredients
(wheat, barley, rye, triticale)

Other Diagnosis or Condition _____

Food Texture Modifications: If needed check ONE ☐ Pureed ☐ Ground ☐ Chopped

Other Nutrition Requirements due to diagnosis (be detailed) _____

Healthcare Provider Printed Name

X

Healthcare Provider Signature & Date

Date

Medical Office Stamp (Required for processing)

Completed forms may be scanned and emailed to childnutrition@iss.k12.nc.us

Faxed to 704-924-8286, delivered to school cafeteria or mailed/delivered to:

Iredell-Statesville Schools Child Nutrition, 294 Old Murdock Rd, Suite 101, Troutman, NC 28166 Date Rcvd _____

CN Notes _____