

Special Dietary Request Form for Students

Student's Name: _____ Date: _____

School Name: _____ Student's Age: _____ Grade Level: _____ Classroom: _____

DISABILITY DIETARY REQUEST

Does the student have a medical disability? ___ Yes ___ No

(If no, see "OTHER DIETARY REQUEST" below. If yes, complete the form and have it signed by a physician.)

Name medical disability for which the specialized diet is required; e.g., PKU, Diabetes types 1 or 2, Cerebral Palsy: _____

Describe the major life activities affected by the disability: _____

List any dietary restrictions or special diet; e.g., low protein, no wheat, carbohydrate counting, texture modifications: _____

List any threatening anaphylactic food allergies; e.g. peanut allergy: _____

List any supplemental feedings required; e.g., snacks, frequency, AM and/or PM: _____

If a student has diabetes, at what blood sugar level should hypoglycemia be treated, and what are the preferred glucose sources for treatment? _____

List foods that need to be changed in texture; if all foods need to be prepared in this manner indicate, All@: _____

Cut up or chopped to bite-size pieces _____

Finely ground _____

Pureed _____

List special equipment or feeding utensils needed: _____

Physician's Signature: _____ *Parent's Signature:* _____

Date: _____ Procedure to be continued as prescribed until: _____

OTHER DIETARY REQUEST

If a student does not have a medical disability but has a special nutritional feeding request, it is optional for the school to comply with the request. Please state the special nutritional need: _____

and clearly state foods to avoid or those to be substituted; e.g., lactose reduced milk for lactose intolerance: _____

A dietary request requires the signature of an RN, an RD, a Family Nurse Practitioner, or a Physician's Assistant.

Parent's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____ Manager's Approval: Yes

No

School Health Nurse Signature: _____ Date: _____

School Nutrition Program Manager: _____ Date: _____