

Special Diet Form for Schools

Student's Name		Age		
Name of School		Grade Level	Classroom	
Does the child have a disability? If Yes, describe the major life activities affected by the disability.			Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.			Yes	No
If the child is not disabled , does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.			Yes	No
PART B				
List any dietary restrictions or special diet.				
List food to avoid:		List foods to be substituted:		
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."				
Cut up or chopped into bite size pieces:				
Finely ground:				
Pureed:				
Other Dietary Information and Directions:				
Parent's Signature			Date:	
			Phone:	
Physician or Medical Authority's Signature:			Date:	
			Phone:	