





SY 2018-2019

Physician Request for Special Diet Accommodations

Part I (To be fille)	d out his novemblewords	an i			
Name of Studen	d out by parent/guardiant: (<i>Last</i>)	all)	(First)	- }	D#
Trame of Studen	ut. (Lusi)		_ (x usi)		110.2
Date of Birth:	/ /	Grade:	School:		
Which meals w	ill the child eat at so	chool (please circle	e all that apply):	Breakfast	Lunch

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Instruction Page

PURPOSE:

To record the student's condition requiring dietary modifications of school breakfast and/or lunch and the changes needed to accommodate the student's condition.

PREPARATION:

The parent or guardian of the child is responsible for obtaining the form, filling out Part I,

requesting completion of Parts II and III by a licensed physician (M.D. or D.O.), and delivering



<u>-</u> .	6. What steps do I need to take if a change is needed to my child's current special diet
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<i>-</i>	A new special diet request form is required to make any changes to a student's current diet order. Diets can be canceled by parents in writing (email is fine) but modifications to the diet order must come from a licensed physician. Once a consist diet-order is canceled by a parent.
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