

FOOD and NUTRITION SERVICES REQUEST FORM

For Special Nutritional and Medical Needs

INSTRUCTIONS FOR COMPLETING FORM: PART A: Parent to complete for child with Lactose Intolerance, Religious or other Food Preferences. **PART B:** Physician must complete if requesting Special Dietary Modification due to Food Allergies or a Medical Condition. Once form is completed and signed, return to School Cafeteria Manager.

PART A - Parent/Guardian: Complete Items 1 - 7

School Year: _____

| | |
|---|----------------------------|
| 1. School Name | 2. School Telephone Number |
| 3. Student Name | 4. Student Date of Birth |
| 5. Parent/Guardian Name and Email Address | 6. Telephone Number |

7. Parent Request _____ Lactose Intolerance - Check if child can eat _____ Cheese _____ Yogurt
 _____ Religious/Personal Preferences - List foods to be avoided _____
 _____ Medical Condition/Allergy (**PHYSICIAN NEEDS TO COMPLETE PART B**)

Meals Eaten at School: _____ Breakfast _____ Lunch _____ Snack _____ None

Parent/Guardian Signature: X _____ Date: _____
(I consent to the exchange of information between physician and school; check if you do **not** consent _____)

PART B- TO BE COMPLETED BY PHYSICIAN IF DIETARY MODIFICATIONS ARE REQUESTED (Items 8 - 10)

8. Special Diet Request due to _____ Food Allergies _____ Medical Condition (please specify) _____

9. Please check all the foods that need to be **ELIMINATED** from child's diet during the school day:

| | |
|---|---|
| DAIRY _____ Fluid Milk _____ Substitute w/Soy milk _____ Cheese _____ Cheese cooked in a meal (Baked Ziti) _____ Yogurt _____ Ice Cream _____ Baked Goods that contain dairy (rolls) | PEANUTS OR TREE NUTS _____ Peanuts _____ Tree Nuts |
| EGG _____ Whole eggs _____ Baked Goods that contain eggs | CORN _____ Whole corn (taco shells, tortilla chips) _____ Recipes w/corn products such as modified corn starch, corn syrup, etc. |
| WHEAT/ GLUTEN _____ Recipes with any gluten containing grain | SOY _____ Soy Lecithin _____ Soy Protein (concentrate, hydrolyzed, isolate) _____ Recipes w/any soy listed as ingredient |
| FISH OR SHELLFISH _____ Fish _____ Shellfish | OTHER - please specify: _____ |

10. LICENSED PHYSICIAN'S INFORMATION

 X _____
Medical Authority Signature

Medical Authority Printed Name/Date

Medical Office Stamp (Including Phone Number)
