

Accommodating Children with Special Dietary Needs Medical Form

To be completed by the Student's Doctor or Medical Authority

This form must be submitted at the beginning of each school year.

Part A – Student Information		
Student's Name	Age	
Name of School	Classroom	
Has the Physician diagnosed the child with a disability? If Yes, describe the major life activities affected by the disability:	Yes	No
Does the child have a current IEP?	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 does not require special meals, the parent can sign at the bottom and return the form to the school food service.		
Part B – Special Food and Nutrition Instructions		
List any dietary restrictions or special diet due to disability.		
List any allergies or food intolerances to avoid due to disability.		
List foods to be substituted due to disability.		
Indicate any other comments about the child's eating or feeding patterns due to disability.		
Parent's Signature	Date:	
Physician or Medical Authority's Signature	Date:	
Physician's Phone Number:		
Physician's Fax Number:		

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