The U.S. Department of Agriculture School Meals Programs requires that all questions be answered in order for ANY diet modification or substitution to be made in school meals.

### Part A  
**Student Information**  (To be completed by Parent/Guardian)

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Age</th>
<th>Classroom</th>
<th>Name Of School</th>
<th>Grade</th>
<th>School Year</th>
</tr>
</thead>
</table>

**Does the child have a disability?** (please circle one answer)  
**YES**  **NO**

If YES, major life activities affected by the disability.

- ☐ eating
- ☐ care for one's self
- ☐ performing manual tasks
- ☐ walking
- ☐ seeing
- ☐ hearing
- ☐ speaking
- ☐ breathing
- ☐ learning
- ☐ other

**Does the child have special nutritional or feeding needs?** (please circle one answer)  
**YES**  **NO**

If YES, complete PART B of this form and have it signed by a recognized medical authority.

If the child is NOT disabled, does the child have special nutritional or feeding needs? (please circle one answer)  
**YES**  **NO**

**Religious Restrictions - Please check all that apply**  
- ☐ No Beef
- ☐ No Pork
- ☐ Other

Proceed to Parent/Guardian Signature Box (Below)

### Part B  
**Special Dietary Need**  (To be completed by Physician)

**Diagnosis/Special Dietary Needs:**  
Severe/LIFE THREATENING food allergies require signature of Licensed Physician.

**Medical Restrictions - Food Allergies OR Food Intolerance - Please check all that apply**  
- ☐ Lactose Intolerance/Dairy Allergy:  
  - ☐ Avoid all dairy products
  - ☐ No milk to drink

**Food Allergies:**  
- ☐ Ingestion
- ☐ Contact
- ☐ Inhalation

- ☐ Peanut
- ☐ Tree nuts
- ☐ Wheat
- ☐ Egg
- ☐ Soy
- ☐ Fish
- ☐ Other life threatening food allergies (list all) - Omit these foods:

**Food(s) to be substituted (acceptable alternatives, must be completed):**

**Texture Modification - Please check**  
- ☐ Chopped (bite size)
- ☐ Ground
- ☐ Blended
- ☐ Pureed

**Indicate any other comments about the child’s eating or feeding patterns.**

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**Physician or Medical Authority**  
Printed Name  
Signature  
Address  
Phone Number  
Date

**Parent/Guardian**  
Printed Name  
Signature  
Address  
Phone Number  
Date

Return form to:  
Cincinnati Public Schools, Food Service Department, 2315 Iowa Ave, Cincinnati, OH 45206

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