Special Diet Request Form

Section 504 of the Rehabilitation Act of 1973 assures handicapped students access to school meal service, even if special meals are needed because of their handicap.
"Handicapped student" means any student who has physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

In order for your child to have their school meal modified or substituted, please have your licensed physician fill out this form in full. This is required if your child meets the criteria above. For a child with a medical/ dietary need, please have a recognized medical authority fill this out.

RETURN COMPLETED FORM TO YOUR SCHOOL CAFETERIA

Student Name: _____ Student Number: _____
Date of Birth: _____ School: _____
Parent/Guardian: _____ Phone Number: _____

Physician Name: _____ Phone Number: _____
Email: _____ Fax Number: _____

Registered Dietitian: _____ Phone Number: _____

Describe the student's allergy, intolerance or sensitivity, etc:
_____

List any dietary restrictions or special diet: _____

List food(s) to be omitted from the diet (allergen, intolerance, sensitivity, etc.):
_____
_____

List food(s) that may be substituted in the diet: _____
_____

*List food(s) that require a change in texture (bite size, finely ground, pureed, etc):
*If all foods require this alteration, please write "ALL"
_____
_____

Other Dietary Information and Directions:
_____

_____

_____

I certify that the above named student is in need of special school meals prepared from the above-indicated foods and forms because of a handicap.

Physician / Dietitian Signature: _____ Date: _____