

INFORMATION CARD FOR STUDENTS WITH SPECIAL DIETARY NEEDS

Student's Name:		Age:	Grade:
Does the child have special nutritional or feeding needs? If yes, Please complete bottom portion of form and have it signed by a medical authority.		Yes	No
List any dietary restrictions or special diet:			
List any allergies or food intolerances to avoid:			
List foods to be substituted:			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All"			
Cut up or chopped into bite size pieces:			
Finely ground:			
Pureed:			
List any special equipment or utensils that are needed:			
Indicate any other comments about the child's eating or feeding patterns:			
Parent's signature:		Date:	
Physician or Medical Authority's signature:		Date:	
Physician printed name:	Phone:	Fax:	
Food service signature:		Date:	