

Columbia County School Nutrition Program

6000 Columbia Road, Grovetown, GA 30813

Phone: 706-541-9402 ext 5681

To Be Completed By Physician Only

Numbers 4, 5 and 9 must be complete.

Children with Special Dietary Needs for School Year 2016 -2017

Attention: This form must be completed by a physician only!

Student Information

Student's Name _____

School Name _____

Student's Age _____ Grade Level _____ Classroom Teacher _____
Type text here

1. Does the student have a physical disability? Yes No

If Yes, describe the major life activities affected by the disability:

2. Does the student have special nutritional or feeding needs? Yes No

If yes, please list:

3. List any dietary restrictions or special diet:

4. List foods of which the child is deathly allergic:

5. List foods to be substituted in place of foods identified above in number 4:

6. List foods that need a change in texture. If all foods need to be prepared in this manner, indicate "All".

A. Cut up or chopped into bite sized pieces _____

B. Finely ground _____

C. Pureed _____

7. Indicate any other comments regarding the student's eating or feeding patterns.

8. Parent's Printed Name _____ Parent's Signature _____ Date _____

9. Physician's Printed Name _____ - Physician's Signature _____ Date _____

_____ Mailing address _____ Physician's ID # _____

_____ City, State, Zip _____ Phone: _____

Please return this
completed form to
6000 Columbia Road
Grovetown, GA 30813

Attention:

Dr. Jane Wiggins, Director of
School Nutrition or the School
Nutrition Manager at the school
or

Fax to 706.855.3883

Attention: This form must be completed by a physician and returned to the school prior to any substitutions.

"This institution is an equal opportunity provider."