

INFORMATION CARD FOR STUDENTS WITH SPECIAL DIETARY NEEDS

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|---|--------|-------|--------|
| 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: | |