

PRINCE GEORGE COUNTY PUBLIC SCHOOLS
Special Dietary Needs Form

To Parent: In order to accommodate your child's special dietary needs at school, return this completed form, signed by parent and licensed health care prescriber, to your child's school nurse. This statement must be updated each school year and upon any changes in your child's health condition or dietary needs.

Physician's Statement for Students with Special Dietary Needs		
Student's Name	Date of Birth	Age
Name of School	Grade Level	Teacher/Classroom
Diagnosis or Description of Health Condition:		
If allergy, has child ever had a life-threatening reaction?		
List any foods TO AVOID. Describe accompanying symptoms.		
List any foods TO LIMIT. Describe accompanying symptoms.		
List any dietary restrictions or special diet.		
Does the child have a disability? YES NO If Yes, describe the major life activities affected by the disability.		
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.		
Physician or Licensed Prescriber's Signature:		Date:
Parent to Complete This Section:		
I agree with information on this form. I give permission for school personnel to follow this plan and to share this information with my child's school nurse, teachers, principals, office staff, guidance, transportation, cafeteria monitor, and food services as appropriate.		
Parent Signature:		Date: