

For Special Nutritional and Medical Needs

**READ CAREFULLY: ONLY COMPLETE THIS FORM IF YOUR CHILD HAS SPECIAL DIETARY NEEDS**

**INSTRUCTIONS FOR COMPLETING FORM:**



**PART A:** Parent to complete for child with lactose intolerance, religious or food preferences  
**PART B:** To be completed by physician ONLY if you are requesting changes to your child's diet due to food allergies or a medical condition

**Return completed form to school front office or cafe manager.**

Please contact district dietitian if you have questions about completing this form: 321-633-1000 x 11690

**PART A - Parent/Guardian to complete**

**School Name:** \_\_\_\_\_

Student Name: _____	Student Date of Birth: _____
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Parent/Guardian Name and Email Address: _____	Telephone Number: _____
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Parent Request: \_\_\_\_\_ Lactose Intolerance- my child cannot drink/eat: \_\_\_milk \_\_\_cheese \_\_\_yogurt \_\_\_ice cream  
 \_\_\_\_\_ Religious Preferences -my child cannot eat: \_\_\_\_\_  
 \_\_\_\_\_ Medical Condition/Allergy (**PHYSICIAN NEEDS TO COMPLETE PART B**)

**Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_**

(I consent to the exchange of information between physician and school; check if you **do not** consent \_\_\_\_\_)

**PART B- Completed and signed *BY PHYSICIAN ONLY* - food allergy/medical condition**

**Special Diet Request due to \_\_\_\_\_ Food Allergies \_\_\_\_\_ Medical Condition (please specify) \_\_\_\_\_**

Please check all the foods that need to be **ELIMINATED** from child's diet during the school day:

**DAIRY**

- \_\_\_\_\_ Fluid Milk (Substitute w/Dairy-Free Milk: **Y**\_\_\_ or **N**\_\_\_)
- \_\_\_\_\_ Cheese \_\_\_\_\_ Cheese cooked in a meal (Baked Ziti)
- \_\_\_\_\_ Yogurt \_\_\_\_\_ Ice Cream
- \_\_\_\_\_ Baked goods that contain dairy (rolls)

**EGG**

- \_\_\_\_\_ Whole eggs
- \_\_\_\_\_ Baked goods that contain eggs

**WHEAT/ GLUTEN**

- \_\_\_\_\_ Recipes with any gluten containing grain

**FISH OR SHELLFISH**

- \_\_\_\_\_ Fish \_\_\_\_\_ Shellfish

**PEANUTS OR TREE NUTS**

- \_\_\_\_\_ Peanuts
- \_\_\_\_\_ Tree Nuts

**CORN**

- \_\_\_\_\_ Whole corn (taco shells, tortilla chips)
- \_\_\_\_\_ Recipes w/corn products such as modified corn starch, corn syrup, etc.

**SOY**

- \_\_\_\_\_ Soy protein (concentrate, hydrolyzed, isolate)
- \_\_\_\_\_ Recipes w/any soy listed as ingredient

**OTHER - please specify: \_\_\_\_\_**

LICENSED PHYSICIAN'S INFORMATION

**X** \_\_\_\_\_

**Medical Authority Signature**

\_\_\_\_\_  
**Medical Authority Printed Name/Date**

Medical Office Stamp (Please include phone number)