

1. Site Name (School):	2. Name of Parent/Guardian:	3. Email Address:
4. Name of Child *	5. Child's date of birth:	6. Telephone Number:
7. State the medical condition requiring accommodation:		

This section **must be completed by a licensed medical authority.**

8. Provide a brief description of the major life activities or bodily function affected by the condition. *

Consuming foods to be omitted may results in: (circle the ones that apply to your child)

Nausea Vomiting Diarrhea Itching Swelling Rash Wheezing/Coughing

Other

9. Describe diet prescription and/or accommodation. Must include specific foods to be excluded and substituted.*

Foods and/or beverages to be excluded: *

Foods and/or beverages to be substituted:*

10. Modified texture (circle the ones that are applicable): chopped ground puree

11. Adaptive Equipment Needed (If applicable):

12. Signature of Medical Authority & Credentials*	13. Printed Name *	14. Telephone Number
15. Date*		

I give my permission for the institution's personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate institution staff and to follow the prescribed diet order for my child's meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by institution personnel.

Signature of the parent or guardian: _____ Date: _____