



## PHYSICIAN'S REQUEST FOR FOOD SUBSTITUTION

Student's Name: \_\_\_\_\_ Student # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Name(print) \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Any student, who has a health-related eating disability, as defined in **Section 504 of the Rehabilitation Act**, is eligible for menu modifications in the School Breakfast and Lunch Programs if the disability creates a life-threatening condition. Food substitutions must be prescribed by a physician, nurse practitioner, or physician's assistant and the required dietary regimen must be specified.

If your child needs food substitutions because of a disability, please ask your health care provider to complete this form and return it to your child's school nurse. You will be contacted to attend a meeting with the Nutrition Services Registered Dietitian, the School Nurse and the School Nutrition Services Manager so that a written dietary plan can be developed for your child.

1. Specify the reason that food substitutions are needed, (i.e., diabetes, life-threatening allergies, chronic illness, feeding tube, etc.) Please indicate severity.
2. List the foods and/or beverages that the student cannot consume.
3. List the foods or formulas that can be substituted.
4. Specify all other dietary requirements that are needed. (change in texture, food preparation)
5. Duration:  
 Entire school year or until cancelled by physician's order.  
 From \_\_\_\_\_ to \_\_\_\_\_ (dates cannot be for more than one school year)
6. The food substitution ordered on \_\_\_\_\_ has been cancelled.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name (print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### For Office Use Only:

Meeting was conducted on \_\_\_\_\_ Date Dietary Plan Developed \_\_\_\_\_ Signature of R.D. Attach Copy of Plan(✓) \_\_\_\_\_

**Copy to:** School nurse, Dept. of Nutrition Services Dietitian, School Nutrition Services Mgr.