DIET ORDER FORM

- **For Special Nutritional Needs**
- **Annual Medical Statement for Students**
- **Incomplete forms cannot be processed and will be returned to parent/guardian.**

Part I (to be filled out completely by parent or guardian)

Student Name (Last) _____ (First) _____ (MI) _____
Date of Birth _____ Age _____ Student ID #_____
School _____ Grade: _____ School Year: 20____ to 20____
Will student eat Breakfast at School? ☐ Yes ☐ No Lunch at School? ☐ Yes ☐ No

Parent/Guardian (Printed)_____
Day time phone number ( ) _____-_____ E-mail_____
Mailing Address _____City _____State NC Zip _____
I give Nutrition Services permission to speak with the below named physician or Authorized Medical Authority to discuss the dietary needs described below.
Parent/guardian's signature:_____Date:_____

Required

Part II (completed only by Licensed Medical Doctor (MD) or Recognized Medical Authority treating the student) DIAGNOSIS:_____
Does the child have an identified disability? ☐ Yes ☐ No
If yes, describe the major life activities affected by the disability: _____
If a disability, Part II must be completed and signed by a" licensed physician ONLY".
If a disability, the Medical Statement for Children with Disabilities must also be completed.

MD Indicate dietary modification the student needs and **specify** what changes need to be made:
☐ Lactose Intolerance or Dairy Allergy: ☐No milk to drink ☐Avoid all dairy products ☐ Lactose Free Milk ☐ Juice
☐ Food Allergies: Check appropriate box(es): ☐ingestion ☐contact ☐inhalation ☐wheat ☐soy ☐nuts ☐fish ☐eggs(indicate whole eggs or eggs as an ingredient)
☐Other_____
_____
☐ Refer to Child Nutrition RD for menu substitutions/modifications
☐ Texture Modification: ☐ pureed ☐ ground ☐ chopped

MD Name_____
MD Signature_____
Phone_____
Fax_____Date_____

Medical Office Stamp:

Send completed form to Great Falls Public Schools
Child Nutrition Services, 1100 4th Street Great Falls, MT 59403
ph: 406-268-6047 fax: 406-268-7461
ChildNutritionNotes_____
_____
_____
_____
GFPSRD/DTRSignature_____
Date_____

May 2010