Medical Statement for Students with Special Dietary Needs

# DIET ORDER

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

Student's Name (Last): _____(First)_____ (MI)_____
Date of Birth _____/_____/_____ Age _____ Student ID# _____

School Building Attended by Student _____ Grade Level_____
Will student eat Breakfast at School? ☐ Yes ☐ No Lunch at School? ☐ Yes ☐ No

Parent/Guardian_____ Email_____
Parent/Guardian's day time phone number ( ) _____- _____
Mailing Address _____ City_____ State_____ Zip _____

***Part II must be completed and signed by a licensed physician.***

I give Child 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 and date

**Part II (to be filled out only by a Licensed Medical Doctor (MD) or Recognized Medical Authority treating the student)**

**Required**

**Does the child have an identified disability that requires him/her to have a special diet? ☐ Yes ☐ No**
**If yes, please describe the major life activities affected by the disability:_____**

MD Indicate dietary modification the student needs and specify what changes need to be made:

**Check appropriate box(es):**

☐ **Lactose Intolerance:**
- ☐ **No milk to drink**
- ☐ **Avoid all dairy products**
- ☐ **May have Lactaid Milk**
- ☐ **May have soy milk**

☐ **Food Allergies:**
- ☐ **milk -** ☐ ingestion ☐ contact ☐ inhalation
- ☐ **wheat-** ☐ ingestion ☐ contact ☐ inhalation
- ☐ **soy-** ☐ ingestion ☐ contact ☐ inhalation
- ☐ **peanuts-** ☐ ingestion ☐ contact ☐ inhalation
- ☐ **fish-** ☐ ingestion ☐ contact ☐ inhalation
- ☐ **eggs-** ☐ ingestion ☐ contact ☐ inhalation

**(indicate whole eggs or eggs as an ingredient)**

☐ **other_____** ☐ ingestion ☐ contact ☐ inhalation

Medical Office Stamp:

MD Name_____
MD Signature_____
Phone_____
Fax_____ Date_____

* Information regarding the major allergens (Soy, Wheat, Eggs, Dairy, Fish, Nuts) and carbohydrate counts are available through the Child Nutrition Services Office.

**Send completed form to:**

Northeastern School District
Child Nutrition Services
41 Harding St.
Manchester, PA 17345
Phone (717)266-3667

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