



Statement for Students with Special Dietary Needs in Child Nutrition Programs

Dear Parents/Guardians:

A physician statement is required for students whose disabilities restrict their diets. Please have your physician complete the Physician Section of this form. Return the completed form to the school nurse, who will share it with FWCS Nutrition Services Registered Dietitians.

Student Name: _____ DOB: _____
 School: _____ Grade: _____
 Guardian Name: _____ Phone: _____

*I have reviewed and understand the information provided by my child's physician. I agree that it will be placed on file as a part of my child's school health record and will be shared with appropriate district and school staff. **I understand that no meal modifications will be made until an FWCS Nutrition Services Registered Dietitian has contacted me and a plan of care has been developed for my student.** I understand that FWCS Nutrition Services Registered Dietitians are permitted to contact my child's physician to obtain further explanation of the above information. This authorization is in force for the **2017-18** school year, unless I submit new information in writing to the school.*

Signature of Parent/Guardian: _____

Telephone number: _____ Date: _____

Physician Section:

A. Does the student have one or any of the following: disability/anaphylactic food allergy/medical condition that requires the student to have a special diet?

Yes No (If no, please skip to "b".)

If yes, check the disability (System) and the major life activity affected by the disability.

Immune Neurological Respiratory Circulatory Endocrine

B. List any other reason for a special dietary need (i.e. non-anaphylactic food allergy, lactose intolerance, etc.)

Describe the reason for the special dietary need.

Diet Prescription (List food(s) to be omitted)

I agree that FWCS Registered Dietitians may make appropriate recommendations for food substitutions.

Signature of Physician: _____

Please Print Physician name: _____

Telephone number: _____ Date: _____