Dell Rapids School District #49-3

Policies and Regulations
Code: EFA-E – Support Services

SPECIAL DIET PRESCRIPTION FOR MEALS

PART 1 – TO BE FILLED OUT BY PARENT/GUARDIAN OR LOCAL AGENCY

Child's Name: _____ Date of Birth: _____

Attendance Center (school, child care, etc.): _____

Parent/Guardian Name: _____

Parent/Guardian Contact Number(s): _____

PART 2 – TO BE FILLED OUT BY PHYSICIAN

Diagnosis: _____

_____

_____

_____

Describe the patient's disability and the major life activity affected by the disability:

_____

_____

Does the disability restrict the individual's diet: Yes ____ No ____ If yes, list food(s) to be omitted from the Diet and food(s) that may be substituted:

Foods to Omit:	Foods to Substitute:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the above named child needs special meals prepared as described above because of the child's disability or chronic medical condition.

Physician Signature: _____ Date: _____

Office Phone Number: _____

Office Use Only:
- Original to Child's File
- Copy to Kitchen
- Copy to Dietitian/Food Service Director

Dell Rapids School District #49-3

Policies and Regulations
Code: EFA-E – Support Services

SPECIAL DIET REQUEST FOR MEALS

PART 1 – TO BE FILLED OUT BY PARENT/GUARDIAN OR LOCAL AGENCY

Child's Name: _____ Date of Birth: _____

Attendance Center (school, child care, etc.): _____

Parent/Guardian Name: _____

Parent/Guardian Contact Number(s): _____

PART 2 – TO BE FILLED OUT BY RECOGNIZED MEDICAL AUTHORITY

Diagnosis: _____

_____

_____

_____

Describe the patient's need for special diet:

_____

_____

List food(s) to be omitted from the diet and food(s) that may be substituted (Diet Plan):

Foods to Omit:	Foods to Substitute:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the above named child needs special meals prepared as described above.

Recognized Medical Authority Signature: _____ Date: _____

Office Phone Number: _____

Office Use Only:
- Original to Child's File
- Copy to Kitchen
- Copy to Dietitian/Food Service Director