

## **Physician's Request for Special Dietary Accommodations**

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE

New Order	Change Order	Discontinue Order	No Changes	Date:
Student Diet Modification Form (for cafeteria meals ONLY)				
		First Name:		
			Grade	
Parent/Guardian Co				
I give Child Nutrition dietary needs describ	permission to speak with	Number: the below named Physicial that if my child's medical or Jarrell ISD	n or Authorized Medical Au	thority to discuss the
P	arent/Guardian Signature	2		Date
Student has a life-th *If the student d  Disability:  Major Bodily Fund Walking Contexture modification Food Allergy (check all Peanuts Tre Dairy Allergy (specify) Egg Allergy (specify):	ction Breathing aring for One's Self eneeded?: Soft (chopped on the Nuts Fish Street on Self eneeded?: Fluid Milk Only whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy whole Plain Eggs (expression on the Nuts Fluid Milk Only energy).	Seeing Speaking Performing Manual Tasks ed) Soft (ground) om diet):	No es not need to be completed an ivity affected by the disable Learning Eating Other: Pureed Other:  se, fluid milk) All Dairy leggs Including in Baked Go	ility (check all that apply): g Hearing  Including in Baked Goods
	delete item from meal we	rith NO substitutes) (Lactor GGS AS AN INGREDIENT, SO m with an Allergen-Free Me		ems omitted above*  E FOOD ALLERGIES,
	e-named student needs hreatening food allergy a	special dietary accommodati as indicated.	ons, as described above, b	ecause of the student's
Physician/ Prescribing	Medical Authority Signa	(print):ture:		Date: