

Send completed form to:
Iredell-Statesville Schools
Child Nutrition Department
350 Old Murdock Road
Troutman, NC 28166
Phone: 704-873-2175 Fax: 704-873-5640

Special Diet Order

Annual Medical Statement
for Student with Special Diet Needs
School Year 20____ - 20____

Part I (to be filled out by parent or guardian...please print)

Name of Student (Last) _____ (First) _____ (MI) _____

Date of Birth ____/____/____ Age ____ Student ID#: _____

School Attended by Student _____ Grade: _____

Will student eat School Breakfast? Yes No; School Lunch? Yes No; Prime Time Snack? Yes No

Name of Parent/Guardian(s) _____ Email _____

(Please print)

Mailing Address _____ City _____ State ____ Zip _____

Parent/Guardian's Daytime Phone Number(s) (In order of preference)

1) _____ 2) _____ 3) _____

Part II (to be filled out by Physician or Registered Dietitian)

Patient's Diagnosis _____

Indicate which dietary modification the patient needs and specify what changes need to be made:

Texture Modification: pureed ground chopped other _____

Specify Foods: _____

Nutrient Modification: (ie. fat grams, cholesterol mg, sodium mg, gluten, etc.): _____

Diabetes: (Please indicate grams of carbohydrates for breakfast and lunch): _____

Food Allergies: (Please check appropriate boxes): ingestion contact inhalation

List Food(s) to be avoided: _____

List Food(s) to be substituted: _____

Other: (Please be specific) _____

Registered Dietitian (RD): _____ Phone () _____

RD Signature: _____ Date _____

Physician: _____ Phone () _____

Physician Signature: _____ Date _____

Part III (for Child Nutrition Use only)

Child Nutrition Services Notes: _____

Dietitian's Signature: _____ Date Received: _____

Information provided on this form will be used by Child Nutrition personnel to prepare and serve the student's special diet.
Information will not be released except to those responsible for the student's meals.

I authorize the release and exchange of medical and educational information between my child's physician and school staff that is necessary in carrying out this service for my child.

Parent/Guardian Signature

Phone Number

Date

PURPOSE: To record the student's disability requiring dietary modifications of school meals and the changes needed. **This form must be completed at the start of each school year and whenever diagnosis or change is indicated.**

PREPARATION The parent or guardian of the child is responsible annually for obtaining the form, completing Part I, requesting completion by the student's physician or dietitian, and delivering the form to the nutritionist in Child Nutrition Services. A licensed physician or registered dietitian is responsible for completing Part II of the document based on the child's medical condition.

If you have any questions, please call the Child Nutrition office at (704)873-2175 for assistance

INSTRUCTIONS:

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

Name of Student: Enter the student's last name, first name and middle initial.

Date of Birth: Enter the student's six-digit date of birth, e.g. May 1, 1988 = 05-01-88.

Age: Enter the student's one- or two-digit age as of the day the form is completed.

School Attended by Student: Enter the name of the school, which the student regularly attends, grade, school year and indicate if child will eat School Prepared Breakfast, Lunch and/or Afterschool snack.

Parent/Guardian Information: Print the full name of the student's parent(s) or legal guardian(s), Home Address and email address if available

Parent/Guardian's Phone Number(s): If available, enter up to three telephone numbers (with the area codes) where a parent/guardian can be reached during the daytime in the order of preference.

Part II (to be filled out by Licensed Physician or Registered Dietitian):

Patient's Diagnosis: Insert the patient's clinical diagnosis for the disability which requires dietary modification.

Indicate which dietary modification the patient needs and specify what changes need to be made: Check the type(s) of modification the patient's condition requires and fill in the corresponding specification next to the type of modification. A dietitian can assist in completing this section.

Medical Professional completing the form should fill in their information in the appropriate space.

Part III (to be filled out by Child Nutrition)