

**Physician Authorization of Special Dietary Needs**

West Carrollton School District

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ School: \_\_\_\_\_ Grade/Room: \_\_\_\_\_

1. Upon written request of a physician, children with specific dietary needs or life threatening dietary needs will be provided a double serving of fruit and vegetable plate.
2. Students with *life-threatening* dietary needs will be provided a double serving of fruit and vegetable plate. *The parent is required to provide a completed "Prescription of Medical Authorization" for an EpiPen, accompanied by delivery of an EpiPen to the clinic.*
3. In keeping with USDA guidelines, students with *life-threatening* milk allergy will be provided fruit juice or water, per physician order.
4. Students with physician-diagnosed physical disability that prevents eating the regular school meal will be provided reasonable accommodations, as prescribed by the doctor. (Example: pureed foods).
5. Students with religious food restrictions or requiring a vegetarian diet will be provided a double serving of fruit and vegetable plate, with the signature of a parent.

**Physician Order:**

- Special diet or dietary restriction: \_\_\_\_\_
- *Life-threatening* food allergy (requires EpiPen) \_\_\_\_\_  
\_\_\_\_\_
- Food Requiring Texture modifications:  
    \_\_\_ Chopped    \_\_\_ Finely ground    \_\_\_ Pureed or blended
- Feeding techniques: \_\_\_\_\_
- Supplemental Feedings: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **/Printed name:** \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**Questions?** Contact the West Carrollton Food Services Supervisor at 859-5121, ext 1121.

**RETURN COMPLETED form to SCHOOL NURSE**

Date: \_\_\_\_\_ School Nurse makes copy of white cover sheet for clinic use.

Date: \_\_\_\_\_ School Nurse **initials upper right; forwards white & yellow copy** to Food Svc Supervisor.

Date: \_\_\_\_\_ School nurse forwards **pink** copy to classroom teacher—ECC/Elementary Schools

Date: \_\_\_\_\_ Food Service Supervisor **initials upper right; forwards yellow** copy to Cafeteria Head Cook