# CHARLOTTE COUNTY PUBLIC SCHOOL

# SPECIAL DIETARY NEEDS INFORMATION CARD

# Instructions: This form should only be completed by a physician if the student has special dietary needs.

# \* indicates must be completed

|  |  |  |
| --- | --- | --- |
| \* Student's Name | Teacher's Name | |
| \*Special Diet or Dietary Restrictions- Please be specific | | |
| \*Food Allergies or Intolerances- Please be specific | | |
| \*Allowable Food substitutions - Please be specific | | |
| Foods Requiring Texture Modifications:  Chopped:  Finely ground:  Puree or Blended: | | |
| Other dietary modifications: | | |
| Feeding techniques | | |
| Supplemental Feedings | | |
| \*Medical or Medical Authority: Please Print  Name:  Telephone: Fax:  Phone: Fax: | | |
|  | |  |
|  | |  |
| \*Signature of doctor or medical authority | | \*Date |
|  | |  |
| **Office use only:**  Date received by School Food Service Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of The School Food Service Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**\_\_\_\_\_ NO, my child has no special dietary needs.**

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Parent Signature Date