



SY 2023-2024

Physician Request for Special Diet Accommodations

All sections must be complete before the form will be accepted. Accommodations may take up to 10 days to begin.

Part II (T

Request for Special Diet Accommodation Instructions

PURPOSE:

breakfast and/or

PREPARATION:

The parent or guardian of the child is responsible for obtaining the form, filling out Part I, requesting completion of Parts II and III by a licensed physician (M.D. or D.O.), and delivering the complete form **to the kitchen manager at the school where the child attends or by faxing the form to the district dietitian.** Consultation by a dietitian for completion of the form, if needed, should be requested by the parent or physician.

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

Name of Student: Enter the s last name and first name.

ID#

Date of Birth -digit date of birth, e.g., May 21, 2017 = 05/21/17.

School: Enter the name of the school which the student regularly attends.