

SPECIAL DIETARY NEEDS FORM

Unioto Food Services

The U.S. Department of Agriculture's (USDA) nondiscrimination regulation (7 CFR 15b), as well as the regulations governing the National School Lunch Program and School Breakfast Program, make it clear that substitutions to the regular meal must be made for children who are unable to eat school meals because of their disabilities, when that need is certified by a licensed physician.

*Please complete this form and return to Unioto Food Services
FAX: 740-774-9158 attn: Tracey Forcum*

PART A			
Student's Name	Age		
Name of School	Grade Level	Homeroom Teacher	
Does the child have a disability? If Yes, describe the major life activities affected by the disability.	Yes	No	
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.	Yes	No	
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.	Yes	No	
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature			Date:
Physician or Medical Authority's Signature			Date: