

STAFFORD COUNTY PUBLIC SCHOOLS HEALTH SERVICES

| Physician's Statement for Students with Special Dietary Needs | | |
|---|------------------------------|-----------------------------|
| Student's Name: | Age: | |
| Name of School: | Grade: | |
| Does the student have a medical disability/diagnosis related to diet? If Yes , describe the major life activities affected: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student have special nutritional or feeding needs? If Yes , complete lower part of this form and have it signed by a licensed physician. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student have an EpiPen ordered for the medical diagnosis mentioned above? If Yes , complete the form and have it signed by a physician. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| List any dietary restrictions or special diet not listed above: | | |
| List any severe allergies or food intolerances to avoid . <input type="checkbox"/> Milk Allergy (no milk or milk products due to life threatening side effects) <input type="checkbox"/> Lactose Intolerance (students must self monitor) Only mark if Grades K-2 <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Shell Fish <input type="checkbox"/> OTHER: List: | | |
| List foods to be avoided/substituted per medical authorization. Parent must come to school and discuss with nurse and cafeteria manager. An Individualized Health Plan would be initiated. _____ _____ | | |
| List foods that need the following change in texture. If all foods need to be prepared in this manner indicate "ALL." <input type="checkbox"/> Cut up or chopped into bite size pieces: _____ <input type="checkbox"/> Finely Ground: _____ <input type="checkbox"/> Pureed: _____ <input type="checkbox"/> All foods | | |
| Indicate any other comments about the student's eating patterns. | | |

*Students needing assistance with exchanges, monitoring, feeding, etc at school will need to see the nurse for an individualized health care plan. Cafeteria Employees will be aware of students with EpiPens when they use their Student ID's to purchase lunch, however this cannot be substituted for student responsibility for appropriate food choices.

Parent/Guardian: _____ Date: _____

Physician: _____ Date: _____