



Child Nutrition Department

**SPECIAL DIET REQUEST FORM FOR 2009-2010 SCHOOL YEAR**

Note to Parent / Guardian:

The Comal Independent School District requires that all students who need a special diet or a modification of food during school hours do the following:

1. Have the Special Diet Request Form completed and signed by student's Health Care Provider and Parent annually.
2. Individuals with food allergies must have a Food Allergy Action Plan on file with the school nurse.

Diet modifications may be served by district personnel provided that the prescribing physician completes this request form.

Name of student: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_  
(Printed)

***TO BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT OR ADVANCED PRACTICE NURSE***

Condition requiring special diet or food modification: \_\_\_\_\_

Explanation of how the student's condition restricts the student's diet and what major life activities are effected: \_\_\_\_\_

Special diet or food modifications: \_\_\_\_\_

Specific foods to be omitted: \_\_\_\_\_

Specific food substitutions to be made: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone

**TO BE COMPLETED BY PARENT**

I give permission for my child \_\_\_\_\_ to receive the above diet and/or food modifications.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date