

**Special Dietary Needs**

Students with food allergies requiring dietary substitutions or modifications need to provide the School District with a medical statement. The attached form titled *Diet Prescription for Meals at School* needs to be completed by the child's physician. Dietary modifications will be addressed 48 hours after the form has been turned in to the school office. The parents understand that the school is unable to provide food substitutions or modifications without an adequate diet order or diet prescription. (*Texas Department of Agriculture, 2005*)

# Burnham Wood Family of Charter Schools

## Diet Prescription for Meals at School

Name of Student:

Special Meals Requested:

Diagnosis or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student's condition:

Foods omitted and substitutions:

Please check the food groups to be omitted. List specific foods to be omitted and suggest substitutions using the back of this form or attach information.

Milk and milk alternates ( )

Meat and meat products ( )

Bread and Cereal products ( )

Fruits and vegetables ( )

Textures allowed: Please check the allowed texture:

Regular ( )

Chopped ( )

Ground ( )

Pureed ( )

Other information regarding diet or feeding:

\_\_\_ I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition:

\_\_\_\_\_  
Physician/Recognized Medical Authority

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Date

Source: CARE: Special Nutrition for Kids (1999)