Special Diet Request
Simpson County Schools Food Service

A Special Diest Request form is to be completed when modifications and/or changes to the school breakfast or lunch menu are recommended for a student with a chronic medical condition as verified by a physician. It is recommended the Special Diet Request be updated yearly. School cafeterias are to follow the most current approved request on file.

SECTION I requires completion by the parent/legal guardian

Name of student_____ Home Phone_____

School_____ DOB_____ Grade_____

Does this student have an IEP with a nutrition component requiring meal modifications? □ Yes □ No
Does this student have 504 Accommodation Plan recommending meal modifications? □ Yes □ No
Does this student have any life threatening food allergies? □ Yes □ No

Signature of Parent/Guardian_____ Work/cell phone_____
My signature gives SCS personnel permission to follow the diet recommended by my child's physician as indicated below.

Section II requires completion by a licensed physician

Identify and describe the disability and/or medical conditon, including any life threatening allergies that requires the student to have a special diet. _____

_____

Describe the major life activities affected by the student's condition _____

_____

Special diet recommendation (check all that apply)

□ List omitted foods due to medical condition

_____
_____
_____
_____

□ List food substitutions due to medical condition

_____
_____
_____
_____

□ Food Recommendation □ Avoid Cooked □ Avoid raw □ No food contact
□ Diabetic □ Calorie count needed □ Carbohydrate count needed □ Pureed
□ Texture □ Chopped □ Ground □ Pudding
□ Thickness □ Nectar, like buttermilk □ Honey □ No food ingestion
□ Other_____

_____

*Please attach any additional information that can be used to assit SCS in making meal modifications for this student.

Signature of Physician_____ Phone_____ Date_____
My signature certifies the above named student has a chronic medical condition which requires a special diet as described above.

Submit to: Sarah Richardson, Food Service Director
Email: Sarah.Richardson@simpson.kyschools.us
Phone: 270-586-8877 ext 209
Fax: 270-586-2011