Laurens County School Nutrition Program
467 Firetower Road, Dublin, Georgia, 31021
Phone: 478-272-4767 – *To Be Completed By Physician Only*
Numbers 4, 5 and 9 must be complete.

Children with Special Dietary Needs for School Year 2018-2019

Attention: This form must be completed by a physician only!

Please return this completed form to 467 Firetower Road Dublin, GA 31021 Attention: Donna Sapp, Director of School Nutrition or the School Nutrition Manager at the school or fax to 478-609-0360.

Student Information

Student's Name _____
School Name _____
Student's Age _____ **Grade Level** _____ **Classroom Teacher** _____

1. **Does the student have a physical disability?** ____ **Yes** **No**

   If Yes, describe the major life activities affected by the disability:

2. **Does the student have special nutritional or feeding needs?** **Yes** **No**
   If yes, please list:

3. **List any dietary restrictions or special diet:**

4. **List foods of which the child is deathly allergic:**

5. **List foods to be substituted in place of foods identified above in number 4:**

6. **List foods that need a change in texture. If all foods need to be prepared in this manner, indicate "All".**
   - **A. Cut up or chopped into bite sized pieces**_____
   - **B. Finely ground**_____
   - **C. Pureed**_____

7. **Indicate any other comments regarding the student's eating or feeding patterns.**

8. **Parent's Printed Name** **Parent's Signature** **Date**

9. **Physician's Printed Name** - **Physician's Signature** **Date**

_____ **Mailing address** **Physician's ID #**_____

_____**City, State, Zip** **Phone:** _____

Attention: This form must be completed by a physician and returned to the school prior to any substitutions.

Revised Jun-18

This institution is an equal opportunity provider.