



DIET ORDER FORM

Send Completed Form to:
 Rock Hill School District Three
 Office of School Food Services
 660 N. Anderson Road
 Rock Hill, SC 29731
 Phone: (803) 981-1016
 Fax: (803) 981-1097

Medical Statement for Students with Special Nutritional Needs

Steps to Complete Diet Order Form

1. Parent/Guardian, complete Part A. Sign and date form.
2. Medical Authority, complete Part B. Print name, sign and date form; stamp form with medical office stamp.
3. Mail or Fax completed Form to Office of School Food Services, school cafeteria manager, or school nurse.
4. Office of School Food Services will complete Part C and provide to appropriate parties.

5. Incomplete form will be returned to parent/guardian.

NOTE: If the student's Diet Order changes at any time during the school year, a corrected Diet Order form needs to be completed.

PART A. To be Completed by Parent / Guardian

STUDENT INFORMATION

Student ID Number (if known)

Last, First, MI

Date of Birth

Age

School Attended

Grade

PARENT / GUARDIAN INFORMATION

Last, First

Day Time Phone #

Evening Time Phone #

Email Address

Which meals does the student participate in that are provided by the School Cafeteria?

- Breakfast Lunch Snack

Parent / Guardian Signature

Date

By signing above I give the Office of School Food Services permission to speak with medical authority signing the Diet Order Form to discuss the student's dietary needs described in Part B of this form.

PART C. To be Completed by Office of School Food Services

PART B. To be Completed by Licensed Medical Authority

- Initial Diet Order
 Revision to Diet Order Form

STUDENT DIAGNOSIS OR CONDITION

- Food Intolerance Food Allergy
 Life Threatening Food Allergy. Students with life threatening food allergies must have an emergency action plan in place at school.

Check appropriate box:

- Ingestion Contact Inhalation

- Disability (*Specify*) _____

- Describe major life activities affected _____

- Other (*Specify*) _____

FOOD TEXTURE MODIFICATION

If needed check ONE:

- Pureed Ground Chopped

FOOD(S) THAT SHOULD BE AVOIDED

Check all that apply:

DAIRY

- Fluid Milk Recipes with milk as an ingredient
 Yogurt
 Cheese Recipes with cheese as an ingredient
 Ice Cream
 Recipes with any dairy listed as an ingredient

EGG

- Whole egg such as scrambled or boiled
 Recipes with any egg listed as an ingredient

WHEAT

- Recipes with any wheat listed as an ingredient

FISH OR SHELLFISH

- Specific fish or seafood: _____

NUTS/SOY

- Peanuts Tree Nuts Soybeans

OTHER

- Other, Specify food and Preparation (cooked, raw)

LICENSED MEDICAL AUTHORITY INFORMATION

Medical Authority Signature

Date

Medical Authority Printed Name

Medical Office Stamp

Office Phone #

Fax #