



DIET ORDER FORM

Send Completed Form to:
 Rock Hill School District Three
 Office of School Food Services
 1234 Flint St. Ext.
 Rock Hill, SC 29730
 Phone: (803) 981-1003

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	
<u>STUDENT INFORMATION</u>	
Student ID Number (<i>if known</i>)	
<input style="width: 100%;" type="text"/>	
Last, First, MI	
<input style="width: 100%;" type="text"/>	
Date of Birth	Age
<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>
School Attended	Grade
<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>
<u>PARENT / GUARDIAN INFORMATION</u>	
Last, First	
<input style="width: 100%;" type="text"/>	
Day Time Phone #	Evening Time Phone #
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Email Address	
<input style="width: 100%;" type="text"/>	
Which meals does the student participate in that are provided by the School Cafeteria?	
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack	
Parent / Guardian Signature	Date
<input style="width: 250px;" type="text" value="X"/>	<input style="width: 100px;" type="text"/>
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. Please list allowable substitutions below.
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

PART B. To be Completed by Licensed Medical Authority	
<input type="checkbox"/> Initial Diet Order <input type="checkbox"/> Revision to Diet Order Form	
<u>STUDENT DIAGNOSIS OR CONDITION</u>	
<input type="checkbox"/> Food Intolerance <input type="checkbox"/> Food Allergy <input type="checkbox"/> Life Threatening Food Allergy. Students with life threatening food allergies must have an emergency action plan in place at school. Check appropriate box: <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Disability (<i>Specify</i>) _____ <input type="checkbox"/> Describe major life activities affected _____ <input type="checkbox"/> Other (<i>Specify</i>) _____	
<u>FOOD TEXTURE MODIFICATION</u>	
If needed check ONE: <input type="checkbox"/> Pureed <input type="checkbox"/> Ground <input type="checkbox"/> Chopped	
<u>FOOD(S) THAT SHOULD BE AVOIDED</u>	
Check all that apply:	
DAIRY	
<input type="checkbox"/> Fluid Milk <input type="checkbox"/> Recipes with milk as an ingredient <input type="checkbox"/> Yogurt <input type="checkbox"/> Cheese <input type="checkbox"/> Recipes with cheese as an ingredient <input type="checkbox"/> Ice Cream <input type="checkbox"/> Recipes with any dairy listed as an ingredient	
EGG	
<input type="checkbox"/> Whole egg such as scrambled or boiled <input type="checkbox"/> Recipes with any egg listed as an ingredient	
WHEAT	
<input type="checkbox"/> Recipes with any wheat listed as an ingredient	
FISH OR SHELLFISH	
<input type="checkbox"/> Specific fish or seafood: _____	
NUTS/SOY	
<input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Soybeans	
OTHER	
<input type="checkbox"/> Other, Specify food and Preparation (cooked, raw) _____ _____	
<u>LICENSED MEDICAL AUTHORITY INFORMATION</u>	
Medical Authority Signature	Date
<input style="width: 150px;" type="text" value="X"/>	<input style="width: 100px;" type="text"/>
Medical Authority Printed Name	
<input style="width: 100%;" type="text"/>	
Medical Office Stamp	Office Phone #
<input style="width: 150px; height: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
	Fax #
	<input style="width: 150px;" type="text"/>