DIET ORDER FORM

Medical Statement for Students with Special Nutritional Needs

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

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

X

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. Please list allowable substitutions below.

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

X

Date

Medical Authority Printed Name

Medical Office Stamp

Office Phone #

Fax #

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Created by Office of School Food Services. 5/31/16