

# Special Diet Request for Meals due to Allergies

## **PART 1- TO BE FILLED OUT BY PARENT/GUARDIAN OR LOCAL AGENCY**

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_

Name of School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Contact Numbers \_\_\_\_\_

## **PART 2- TO BE FILLED OUT BY RECOGNIZED MEDICAL AUTHORITY**

Diagnosis \_\_\_\_\_

Describe the patient's need for special diet:

List food(s) to be omitted from the diet and food(s) that may be substituted (Diet Plan):

Foods to omit:

Foods to substitute:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above named child needs special meals prepared as described above.

Recognized Medical Authority signature \_\_\_\_\_

Office Phone Number \_\_\_\_\_