

Send completed form to:
Guilford County Schools
School Nutrition Services, Nutritionist
501 W. Washington Street
Greensboro, NC 27401
Phone: 336-370-3266
Fax: 336-370-4042

DIET ORDER

Medical Statement for Student with Special Diet Needs

Part I (to be filled out by parent or guardian) Student ID#: _____

Name of Student (Last) _____ (First) _____ (MI) _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Age _____

School Attended by Student _____ Grade: _____ For School Year: 20____ to 20____

Will student eat Breakfast at School ___ Yes ___ No; Lunch at School ___ Yes ___ No

Is Student enrolled in GCS After School Program & will s/he eat Snacks provide by the program ___ Yes ___ No

Parent/Guardian's Phone Number (s) () _____ - _____ (H) () _____ - _____ (W) () _____ - _____ (Fax)

Name of Parent/Guardian(s) _____

Signature _____ Date _____

Mailing Address _____ City State _____ Zip _____

Part II (to be filled out by Physician or Registered Dietitian)

Patient's Diagnosis _____

Indicate which dietary modification the patient needs and specify what changes need to be made:

Texture Modification: pureed ground chopped other _____
Specify Foods _____

Nutrient Modification: (i.e. fat, cholesterol, sodium, gluten, etc.): _____

Diabetic (Please indicate grams of carbohydrate at breakfast and lunch.) _____

Other: _____

Registered Dietitian (if available): _____ Phone () _____ - _____

Physician: _____ Phone () _____ - _____

PHYSICIAN SIGNATURE _____ **Date:** _____

Part III

Child Nutrition Services Notes:

GCS Dietitian's Signature: _____ Date: _____

Information provided on this form will be used by Child Nutrition personnel to prepare and serve the student's special diet. Information will not be released except to those responsible for the student's meals.

PURPOSE: To record the student's condition requiring dietary modifications of school meals and the changes needed. **This form must be completed at the start of each school year and whenever diagnosis or change is indicated.**

PREPARATION: The parent or guardian of the child is responsible for obtaining the form, filling out Part I, requesting completion by the student's physician or dietitian, and delivering the form to the nutritionist in Child Nutrition Services. A licensed physician or registered dietitian is responsible for completing Part II of the document based on the child's medical condition.

INSTRUCTIONS:

Part I (to be filled out by parent or guardian):

- **Name of Student:** Enter the student's last name, first name and middle initial.
- **Social Security Number:** Enter the student's nine-digit social security number, e.g. ###-##-####.
- **Date of Birth:** Enter the student's six-digit date of birth, e.g. May 1, 1988 = 05-01-88.
- **Age:** Enter the student's one- or two-digit age as of the day the form is completed.
- **School Attended by Student:** Enter the name of the school, which the student regularly attends, grade, school year and indicate if child eats Breakfast and or lunch in school cafeteria.
- **Parent/Guardian's Phone Number(s):** If available, enter one or two telephone numbers with the area codes where a parent/guardian can be reached during the daytime: home, work, fax and mailing address.
- **Name of Parent/Guardian(s):** Print the full name of the student's parent(s) or legal guardian(s).
- **Signature of Parent/Guardian:** Enter the signature of one parent or legal guardian's name. A printed name on the previous line should correspond to the signature.

Part II (to be filled out by Physician or Registered Dietitian):

- **Patient's Diagnosis:** Insert the patient's clinical diagnosis for the condition, which requires dietary modification.
- **Indicate which dietary modification the patient needs and specify what changes need to be made:**
Check the type(s) of modification the patient's condition requires and fill in the corresponding specification next to the type of modification. A dietitian can assist in completing this section.
- **Registered Dietitian's (RD):** Provide a local dietitian's name and phone number if available.
- **Registered Dietitian's Signature:** Enter the signature of registered dietitian completing the form.
- **Physician Name, Phone Number and Signature:** Enter the signature of the physician filling out the form and the date signed.

Part III (to be filled out by Child Nutrition Services Nutritionist)