North Carolina Department of Public Instruction Division of School Services Child Nutrition Services Section

DIET ORDER

Medical Statement for Student with Special Diet Needs

Part I (to be filled out by	y parent or guardian)		
Name of Student: (Last)		(First)	(MI)
Social Security Number		//	Age
School Attended by Student			
Parent/Guardian's Daytime	Phone Number (s) () (· <u></u>
Signature of Parent/Guardian	n		
Part II (to be filled out b	y Physician)		
Patient's Diagnosis			
Describe the patient's condit	tion and the major life act	civity affected by the condition related to the need for d	lietary modification:
Indicate which dietary mo	odification the patient nee	eds and specify what changes need to be made:	
Texture Modification	pureed ground chopped other		
	Specify Foods		
☐ Tube Feeding:	Formula Name		
	Administering Instructions		
	Oral Feeding: No	Yes If Yes, specify foods	
Nutrient Modification:	☐ Increase Calories	Description:	
		Supplement Name:	
	☐ Decrease Calories	Description:	
	Nutrient Restriction	Description:	
Other:			
Distition's Now - (10 month 11)		ח ויו	
		Phone ()
•		Phone ()
PHYSICIAN SIGNATURE		Date	

PURPOSE: To record the student's condition requiring dietary modifications of school lunch and the changes needed.

PREPARATION: The parent or guardian of the child is responsible for obtaining the form, filling out Part I, requesting

completion by a physician, and delivering the form to the principal's office at the school attended by the child. A licensed physician is responsible for completing Part II of the document based on the child's medial condition. Consultation by a dietitian for completion of the form if needed should be requested by

the parent or physician.

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.

Parent/Guardians' Daytime Phone Number(s): If available, enter one or two telephone numbers with the area code where one or two of the guardians can be reached during the daytime.

Name of Parent/Guardian(s): Enter 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 be physician):

Patient's Diagnosis: Insert the patient's clinical diagnosis for the condition which requires dietary modification.

Description of patient's condition and major life activity affected by the condition related to dietary modification: Describe the patient's condition as it affects a major life activity (i.e., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working). Describe how the restrictions of the patient's condition affect his or her diet.

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.

Dietitian's Name (if available): Provide a local dietitian's name and phone number if available.

Physician: Print the name, address, and phone number of the physician completing the form.

Physician Signature: Enter the signature of the physician filling out the form and the date signed.

Additional forms may be obtained at: www.ncchildnutrition.com

or by contacting: Child Nutrition Services

6324 Mail Service Center Raleigh, NC 27699-6324 Phone: 919-807-3506 Fax: 919-807-3516