

DIETARY FORM

Student's Name _____

I give permission to release results/information to Benton County Sunshine School.

Parent's Signature

Date

TO BE COMPLETED BY PHYSICIAN: Parent Request Medical Reason

Student's Diagnosis _____ **Diet** _____

Therapeutic Feeding only _____ Copy of swallow study included

If feeding is therapeutic, who is allowed to feed? OT Speech Classroom teacher

Thickener Honey Nectar Other _____

Does the student have food allergies? NO YES

Is allergic reaction life- threatening? NO YES Allergy Action Care Plan

Is child prescribed an EPI-PEN? NO YES

Please list foods student is **NOT** to receive due to allergy or intolerance (please describe):

Please list foods the child may have as substitute for food he/she can not receive.

We are required to provide 1% cow's milk with lunch. If child is allergic to cow's milk, we will replace cow's milk with _____.

Replace fluid cow's milk only Cow's milk allergy applies to all dairy products
(macaroni and cheese, yogurt, cream sauces)

Has child been tested for allergies? YES NO

Describe reaction child has to food allergy (allergies) _____

Printed Physician's Name

Physician's Signature

Date

Please return this form in person or by fax (479)636-4587 to Benton County Sunshine School.