

**Cairo-Durham Central School District
Physician Order for Diet Modifications**

Part I - To be filled out by parent/guardian:

I hereby request that my child, _____, DOB: _____

receive a modified diet as prescribed by his/her physician, _____

School: _____ Grade _____ Teacher _____

Date: _____ Parent/Guardian signature _____

Part II - To Be completed by physician:

Medical reason for diet modification: _____

Foods to be omitted or substituted: _____

Additional Precautions:(i.e. choking,feeding,positioning,etc.):

Signature of
Physician: _____ Date: _____

Office/hospital/clinic name _____

Phone number _____

Original:Pupil file:

Copy: Food & Nutrition Office:

Physician Order for Diet Modification Instructions

This form should be completed for all children requiring diet and/or feeding modification. Parents should be encouraged to complete this form even if it is not anticipated that the child will eat school breakfast or lunch. Indications include:

1. Food Allergies
2. Diet modifications due to health conditions

Parent/Guardian Responsibilities

1. Notify the school of the specialized diet needs of the child
2. Complete the top of Physician Order for Diet Modification form and sign
3. Deliver completed physician orders with physician signature to the Nurse
4. Written instructions must be obtained from the physician and delivered to the school each time there is a change in diet modification
5. Notify the school in writing if the diet modification is discontinued during the school year.

School Nurse Responsibilities

1. Provide the parent/guardian with the Physician Order for Modification form for any child needing diet modifications.
2. Distribute copies of the completed form to the Child's file and the Director of food Services.
3. Add information to the school health data system

Food/Nutrition Responsibilities:

1. Provide dietary modifications according to the physician's orders