SPECIAL DIET REQUEST
LaRue County Public Schools

A Special Diet Request form is to be completed when modifications and/or changes to the school meal menu are recommended for a student with a chronic medical condition as verified by a physician. It is recommended the Special Diet Request be updated yearly. School cafeterias are to follow the most current approved request on file.

SECTION I requires completion by the parent/legal guardian

Name of student____ Home phone ___________________________________

School____ DOB__________________ Grade__________________

Does this student have an IEP with a nutrition component requiring meal modifications? □ Yes □ No
Does this student have a 504 Accommodation Plan recommending meal modifications? □ Yes □ No
Does this student have any life threatening food allergies? □ Yes □ No

Signature of Parent/Guardian**____** ***Work/cell phone*****______________________**
My signature gives LCPS personnel permission to follow the diet recommended by my child's physician as indicated below.

Section II requires completion by a licensed physician

Identify and describe the disability and or medical condition, including any life threatening allergies that require the student to have a special diet. ____

____

Describe the major life activities affected by the students' condition____

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Special Diet recommendation (check all that apply)

□ List omitted foods due to medical condition □ List food substitutions due to medical condition

____ ____
____ ____
____ ____
____ ____

□ Food recommendation	□ Avoid cooked	□ Avoid raw	□ No food contact	□ No food ingestion
□ Diabetic	□ Calorie count needed	□ Carbohydrate count needed		
□ Texture	□ Chopped/ground	□ Ground	□ Pureed	
□ Thickness	□ Nectar, like buttermilk	□ Honey	□ Pudding	

□ Other ____

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*Please attach any additional information that can be used to assist the LCPS in making meal modifications for this student.

Signature of Physician**________________________________** ***Phone*****____________________________** ***Date*****______________**
My signature certifies the above named student has a chronic medical condition which requires a special diet as described above.

Submit to: Stephanie Utley, School Nutrition Director
Email: stephanie.utley@larue.kyschools.us
Phone: 270-358-7116
Fax: 270-358-7116

Copies to: □ School Cafeteria Manager □ School Nurse