



FOOD SERVICES DEPARTMENT

2150 East 15th Street • Tucson • Arizona 85719-6316 • (520) 225-4700 • FAX (520) 225-4867

DIET MODIFICATION ORDER FORM

(Submit for student with special needs for school meals.)

Date: _____

School: _____ School phone number: _____

School address: _____

Student's name: _____ Male _____ Female _____

Parent/Guardian name: _____ Phone number: _____

Address: _____

List the disability or medical condition that requires the student to have a special diet or food.

Include a brief description of the major life activity affected by the student's disability or reason for the food substitution *(use back of the form if additional space is needed)*

Student's Name: _____

Diet Prescription**List all foods that must be omitted**

For milk allergies or intolerances to dairy products, please specify which dairy products must be avoided and also specify if milk as an ingredient in foods is okay (crackers, baked goods etc).

List what foods can be substituted

NOTE: If cow's milk must be avoided due to lactose intolerance or a non-severe milk allergy, lactose free milk or soy milk must be the substitution. Federal requirements for school meals do not allow juice or water to be substituted for milk due to medical conditions such lactose intolerance or non-severe milk allergies.

Textures allowed

Regular Chopped Ground Pureed* Tube feeding Liquid by mouth

*For Pureed, please specify which stage of baby food is appropriate (I, II or III) _____

Other information regarding diet or feeding

Student's age: _____ Weight: _____ Height: _____

Limitations:

Medications:

This diet order is

_____ **permanent** (this diet order will remain in effect during the time the student is enrolled in TUSD. A new diet order will be required to change any aspect of information provided in this diet order.)

_____ **temporary** (this diet order is effective for the current school year. TUSD should confirm annually with the physician if any modifications to the order should be applied.)

I certify that the above named student needs adjustments to the regular school meals as described above because of the student's disability or medical condition.

Physician signature

Office phone

Date

Printed name of physician

Address of office

RETURN TO: TUSD Food Services at 2150 E. 15th Street or fax to 520-225-4867

This institution is an equal opportunity provider.