



**Education Service Center
P.O. Box 770
York, SC 29745
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FOOD ALLERGIES OR SENSITIVITIES OR OTHER SPECIAL DIETARY NEEDS

Students must have a medical doctor complete and sign an “**Eating and Feeding Evaluation for Children with Special Needs**” form if they have a special dietary need, food allergy, or sensitivity to certain foods that could result in illness. This form must also be signed by the parent and returned to the school nurse before any alteration can be made in the regular school menu.

Should your child have a special dietary need but does not need any alterations in the regular school meal program, please sign the “**Eating and Feeding Evaluation**” form and return it to the school nurse. If there are no restrictions in their diet the doctor will **NOT** need to sign the form.

Please contact the school nurse if you need this form.

York School District One: Special Dietary Needs

Student's Name		Age	
Name of School		Grade Level	Classroom
Does the child have a disability? If Yes, describe the major life activities affected by the disability.		Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.		Yes	No
If the child is not disabled ; does the child have special nutritional needs such as FOOD ALLERGIES ? If Yes, complete Part B of this form and have it signed by a recognized		Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature		Date:	
Physician or Medical Authority's Signature		Date:	