

**WAKULLA COUNTY SCHOOL BOARD  
SCHOOL FOOD SERVICE DEPARTMENT  
DIET MODIFICATION REQUEST**

*THIS FORM MUST BE COMPLETED AND SIGNED BY A PHYSICIAN*

<b>I. Physician's Name:</b> _____	<b>Phone Number:</b> _____
<b>Address:</b> _____	

<b>II. Student's Name</b> _____	<b>School:</b> _____
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<b>III. State medical condition that restricts diet:</b> _____ _____ _____
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<b>IV. State specific foods to be omitted from diet:</b> _____ _____
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<b>V. Can the food item(s) be consumed in cooked or processed foods?</b> <input type="checkbox"/> yes <input type="checkbox"/> no
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<b>VI. List specific foods to be used as a substitute: (Federal guidelines allow only lactose free milk or soy milk to be substituted for lactose intolerance).</b> _____ _____ _____
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<b>VII. Describe the allergic reaction:</b> _____ _____
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<b>VIII. <u>Certification Statement:</u></b> <i>I certify that the above diet modification is due to a medical condition that is:</i> <input type="checkbox"/> <i>life threatening</i> <input type="checkbox"/> <i>non-life threatening</i>  <b>Physician's Signature:</b> _____
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<b>IX. For diet modification to be considered, I authorize the release of medical information specific to this condition to school administrators, health aides, and food service personnel.</b>  <b>Parent Signature:</b> _____
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This form is required for the school district to accommodate dietary modifications and must be on file in the school cafeteria. Accommodation for dietary modification will be determined on a case by case basis.