

Steps to Complete Diet Order Form

1. **Parent/Guardian**, complete **Part A**. Sign and date (required for processing).
2. **Medical Authority**, complete **Part B**. Print name, sign and date form; stamp form with medical office stamp (required for processing).
3. Mail or Fax completed form to RSS Child Nutrition Services.
4. Child Nutrition Services will complete **Part C**, and forward processed form to student's school cafeteria.
5. **Incomplete form will be returned to parent / guardian.**

PART A. To be completed by Parent / Guardian

STUDENT INFORMATION

Diet Order for School Year

Student ID Number: **20** - **20**

Last Name: First Name: MI:

Date of Birth: School Attending: Grade:

PARENT / GUARDIAN INFORMATION

First/Last Name: Day Time Phone:

Mailing Address, City, State, Zip:

E-Mail Address:

Which meals provided by the School Cafeteria will the student eat?	Does the student have an identified disability (IEP or 504 Plan)?	My child has a special diet and will NOT eat food from the RSS cafeteria.
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Parent / Guardian Signature (Required for Processing): Date:

By signing above I give Child Nutrition Services permission to speak with the Licensed Medical Doctor (MD) or recognized Medical Authority signing the Diet Order Form to discuss the student's dietary needs described in Part B of this form.

- * RSS Cafeterias do not serve peanuts or products containing peanuts; therefore, a diet order form only specifying a peanut allergy is not needed.
- * Monthly menu with carbohydrate content in grams and major food allergens is posted at www.rss.k12.nc.us/lunchmenus/menus and nutrition. A completed Diet Order form is not required if above information is sufficient for parent/guardian to manage a student's diet at school.
- * This form must be completed at the start of each school year and each time student's diagnosis or change of treatment is indicated during the school year. Annual completion of this form by the student's medical authority ensures that current nutritional needs are being met at school.

PART C. To be completed by Child Nutrition Services

PART B. To be completed by Licensed Physician

- Initial Diet Order for School Year 20____ - 20____
- Revision to Diet Order Form Submitted for School Year 20____ - 20____

STUDENT DIAGNOSIS OR CONDITION

- Food Intolerance
- Food Allergy
- Life Threatening Food Allergy. Students with life threatening food allergies must have an emergency action plan in place at the school.

Check appropriate box: Ingestion Contact Inhalation

- Disability (Specify) _____

Describe major life activities affected: _____

- Other (Specify) _____

FOOD TEXTURE MODIFICATION

If needed, Check ONE: Pureed Ground Chopped

FOOD(S) THAT SHOULD BE AVOIDED

Check all that apply:

DAIRY

- Fluid Milk / Water provided as beverage
- Cheese and recipes with cheese listed as an ingredient
- Ice Cream
- Yogurt
- Recipes with any dairy listed as an ingredient

EGG

- Whole eggs such as scrambled eggs or hard cooked eggs
- Recipes with any egg listed as an ingredient

WHEAT

- Recipes with any wheat listed as an ingredient

FISH OR SHELLFISH

- Specific fish or seafood type: _____

TREE NUTS

- Food products identified as manufactured in a plant that also handles tree nuts.

CORN

- Whole corn such as corn kernels, tortilla chips, corn muffin
- Recipes with corn / corn products listed as an ingredient

OTHER

- Other, specify if it is a cooked ingredient or when consumed fresh or raw: _____

LICENSED PHYSICIAN'S INFORMATION - Diet Order will be

returned to parent / guardian and NO accommodations will be made if this section is not complete.

Medical Authority Signature: Medical Authority Printed Name: Date:

Medical Office Stamp (Required for Processing)

Salisbury Pediatric Associates, P.A.
129 Woodson Street
Salisbury, NC 28144

MAIL OR FAX FORM TO:

Rowan-Salisbury Schools
Child Nutrition Services
Attention: Libby Post
PO Box 2349
Salisbury, NC 28145
Phone: 704-630-6069
Fax: 704-639-7078

Office Phone No. if not in stamp:

Fax No.