PHYSICIAN'S CHECKLIST FOR SPECIAL DIETS AND/OR EATING INSTRUCTIONS

STUDENTS NAME		SCHOOL	
DATE	PHYSICIAN'S SIGNA	ATURE	
CHECK OR CIRCLE	ALL THAT APPLY:		
	olerance or Milk Allergy*		
	id Milk only? Yes/No		
	id All dairy products Yes/No		
	Milk Withholding (due to me		
		to(date)	
	,		
	rance, Milk Allergy, or Tempo ices unless otherwise instruc	rary Mild withholding, we will substitute ted.	
Diah	oetes Mellitus (must attach sp	ecific diet nlan)	
	k? Yes/No Afternoon snack	- ·	
Thu morning shae	m 100/110 internoon onder	1 100/110	
Weight reduction	or increase (must attach spec	ific diet plan)	
Food Aller	gies: (please continue on back	r if necessary)	
	Protein Products (list all that a		
		4	
		5	
		6	
B. Certain Grain Products (list all that apply)			
		4	
		5	
3.		6	
	ergies listed (list all that appl	v)	
		• •	
	wing Assistance Required:		
1. I	Blended Foods	4. Soft diet with blended meats	
2. \$	Soft Foods	5. Specify other Assistance Needed	
3. F	foods cut up in small pieces		

Unless there are documented medical reasons for deviation from the School Lunch Pattern, we are required to serve a minimum of: 2-3 oz of meat/meat alternate, 2 servings fruit/or vegetable, 1-2 oz of bread serving and choice of 8 oz of milk (whole, buttermilk, 1% white, 1% chocolate, skim milk). School breakfast consist of 1 bread/bread alternate, 1 meat/meat alternate (or 2 breads or 2 meats), a cup of fruit juice & milk. Milk and/or 4 oz of 100% fruit juice can be purchased extra with or without a meal. Juice can be substituted (without charge) for the milk under special medical instructions.