



EAU CLAIRE
AREA SCHOOL DISTRICT

500 Main Street, Eau Claire WI 54701

Physician Order for Diet Modification

Part I - To be completed by parent/guardian:

I hereby request that my child, _____, DOB: _____
(Name of Child) (Birthdate)

receive a modified diet as prescribed by his/her physician, _____
(Physician Name)

School: _____ Grade: _____ Teacher: _____

Date: _____ Parent/Guardian Signature: _____

Part II - To be completed by physician:

Medical reason for diet modification: _____

Foods to be omitted or substituted: _____

Diet order (include food modification, fluid requirements, feeding times, adaptive equipment, texture modification as needed): _____

Additional precautions: (i.e. choking, feeding positioning, etc.): _____

Signature of physician: _____ Date: _____

Name of physician (type or print)

Clinic/Hospital/Office

Phone number



Physician Order for Diet Modification Instructions

This form should be completed for all children requiring diet and/or feeding modification. Parents should be encouraged to complete this form even if it is not anticipated that the child will eat school breakfast or lunch. Indications for use include:

1. Food allergies.
2. Diet modification requirements due to health conditions.
3. Requirements for food alteration, e.g., texture modification, fluid requirements, or tube feedings.

Parent/Guardian Responsibilities

1. Notify school of the specialized diet needs of the child.
2. Complete the top of Physician Order for Diet Modification form and sign.
3. Deliver the completed physician orders with physician signature to the school principal.
4. Written instructions must be obtained from the physician and delivered to the school each time there is a change in diet modification.
5. Notify the school, in writing, if the diet modification is discontinued during the school year.

School Responsibilities

1. Provide the parent/guardian with the Physician Order for Diet Modification form for any child needing diet modifications.
2. Promptly notify school nurse of child's dietary needs.
3. Distribute the copies of the form; original to pupil record, copy to Director of the Food & Nutrition Program, copy to school nutrition staff, copy to school nurse.
4. Add information to the school health data base and pupil record.

School Nurse Responsibilities

1. Provide information to school staff related to the diet modifications or disease as needed.
2. Assist with problem-solving for cases as needed.

Food/Nutrition Responsibilities

1. Provide dietary modifications according to the physician's orders.