Dysart Nutrition Department
623-876-7075
Return to: School Front Office

CONFIDENTIAL DIET ORDER

Request for Diet Modification for Meals at School

***** FOR LIFE – THREATENING ALLERGIES, MEALS FROM HOME PROVIDE THE SAFEST ALTERNATIVE. *****

Part I (To be filled out by Parent/Guardian)

Name of Student:(Last) _____(First)_____(MI)_____

Date of Birth: _____/_____/_____ Age: _____ Grade _____School_____

Parent/Guardian's Daytime Phone Number(s) ( ) _____ - _____ ( ) _____ - _____

Name of Parent/Guardian(s)_____

Signature of Parent/Guardian _____ Phone ( ) _____ - _____

Email of Parent/Guardian(s) _____

Part II (To be completed by a Licensed Physician or Recognized Medical Authority)

Does the child have a life-threatening food allergy? ☐ Yes ☐ No

Does the child have a disability? ☐ Yes ☐ No

Does the child have a special dietary need? ☐ Yes ☐ No

Life Threatening Allergy: _____

Aids to help in case of allergic reaction: _____

Student's Disability and Nutrition Impact: _____

Student's Special Dietary Need: _____

Indicate which dietary Modification the student needs and specify what changes need to be made:

Foods to be substituted/omitted: _____

Texture Modification: _____ Special Mealtime Equipment: _____

Other: _____

I am a (please check one of the following): ☐ **Licensed Physician OR** ☐ **Medical Authority**

Name _____ Phone ( ) _____ - _____

Address _____

Signature (Required) _____ **Date** _____

***Any changes of treatment must be requested in writing by the physician or recognized medical authority.**

Parent/Guardian Consent:

By signing below, I authorize the Nutrition Department and Nursing Staff to access the information on this form. I understand while Dysart School District will make a reasonable attempt to accommodate the modifications listed above, meals from home provide the safest alternative.

Parent/Guardian Signature _____ Date _____

Information/Instructions:
Due to Arizona Department of Education (ADE) guidelines, the Dysart Unified School District cannot make any diet modifications unless we have a Diet Order form completed by your Licensed Physician or Recognized Medical Authority.

Please allow at least 3 school days for accommodations to be made.

Step 1: Parents-- complete **Part I.** Identify your students' information.

Step 2: Please have a Licensed Physician complete **Part II** of the form. If the child has a life-threatening allergy or disability, only a Licensed Physician can complete **Part II**. All modifications must be reasonable in order to be accommodated by the Nutrition Department and Dysart School District.

Parents--Sign the **Parent Consent Signature Line** on the bottom of the form and return the completed form (after a Licensed Physician or Recognized Medical Authority completes and signs Part III) to your School Front Office for processing.

Definition of Licensed Physician—Includes Naturopathic or Osteopathic Physician, Licensed Physician, or Physician Assistant

Understand if your child's medical or health needs change at any time, it is your responsibility to notify Nursing and Nutrition Department Staff and complete a new Diet Order form with your Licensed Physician or Recognized Medical Authority.

For life-threatening allergies, meals from home provide the safest alternative.

Please contact Nutrition Services if you have any questions at (623) 876-7075.