

Toombs County School Nutrition Program
117 East Wesley Avenue, Lyons, Georgia, 30436
Phone: 912-526-3141 – **To Be Completed By Physician Only**
Numbers 4, 5 and 9 must be complete.

Children with Special Dietary Needs for School Year 2018-2019

Attention: This form must be completed by a physician only!

Student Information

Student's Name _____

School Name _____

Student's Age _____ Grade Level _____ Classroom Teacher _____

1. Does the student have a physical disability? Yes No

If Yes, describe the major life activities affected by the disability:

2. Does the student have special nutritional or feeding needs? Yes No

If yes, please list:

3. List any dietary restrictions or special diet:

4. List foods of which the child is deathly allergic:

5. List foods to be substituted in place of foods identified above in number 4:

6. List foods that need a change in texture. If all foods need to be prepared in this manner, indicate "All".

A. Cut up or chopped into bite sized pieces _____

B. Finely ground _____

C. Pureed _____

7. Indicate any other comments regarding the student's eating or feeding patterns.

8. Parent's Printed Name Parent's Signature Date

9. Physician's Printed Name - Physician's Signature Date

_____ Mailing address Physician's ID # _____

_____ City, State, Zip Phone: _____

Attention: This form must be completed by a physician and returned to the school prior to any substitutions.

Please return this completed form to
117 East Wesley Avenue
Lyons, GA 30436
Attention: Courtney Gay,
Director of School Nutrition
or the School Nutrition
Manager at the school or
fax to 912-526-8179.

This institution is an equal opportunity provider.