

DAYTON PUBLIC SCHOOLS

NUTRITION SERVICES DEPARTMENT

125 HEID AVENUE, DAYTON, OHIO 45404

PHONE: 542-3966 FAX: 542-3951

MEDICAL/RELIGIOUS PRACTICE STATEMENT FOR STUDENTS WITH DISABILITIES OR SPECIAL DIETARY NEEDS

Part I (to be filled out by the school)

Name of Student _____ Date _____

School _____ Room Number _____

Part II (to be filled out by a medical physician/religious authority)

(Requests for religious reasons must attach a written request on official letterhead from the pastoral head—e.g., priest, rabbi, or imam—of the religious organization.)

Patient's Name _____ Age _____

Diagnosis _____

Describe the medical or other special dietary needs that restrict the child's diet (if diabetic, the enclosed meal pattern must be completed): _____

List food(s) to be omitted from the diet and food(s) that may be substituted (diet plan): _____

Special equipment: _____

Signature of Medical Physical/Religious Authority

Date

Revised July 14, 2006

Attachment C

