

# CALHOUN CUSD # 40 – STUDENT SPECIAL DIET FORM

Student's Name	Teacher's Name
Special Diet or Dietary Restrictions	
Food Allergies or Intolerances	
Food Substitutions	
Foods Requiring Texture Modifications:	
Chopped:	
Finely Ground:	
Pureed or Blended:	
Other Diet Modifications:	
Feeding Techniques	
Supplemental Feedings	
Physician or Medical Authority:	
Name	
Telephone	
Fax	
Additional Contact:	Additional Contact:
Name	Name
Telephone	Telephone
Fax	Fax
School Food Service Representative/Person Completing Form:	
Title	Date:
Signature	