

Please Complete and Return this form to your child's classroom teacher
Fax: (513) 695-2961

Diet Modification Information

(Dietary Supplements require Medication Administration Procedure Consent form signed by a physician)

Student Name:	
Parent Name(s):	
Phone number:	
Special Diet or Dietary Restrictions:	
Food Allergies or Intolerances:	
Food Substitutions:	
Foods Requiring Texture Modifications: Chopped: Finely Chopped: Puréed or Blended:	
Other Diet Modifications:	
Feeding Techniques:	
Supplemental Feedings:	
Physician Name: Physician Telephone:	

Parent Signature

Date