Hall County Schools
Character · Competency · Rigor For All

Student Diet/Nutritional Information Sheet

Hall County Schools

Name: ____ DOB: ___________________________

School: ____ Grade: ____________

Name of Parent/Guardian: ____

Address: ____ Phone: _______________________

To be completed by Licensed Physician:

Diagnosis: ____

Specify any dietary restrictions or special diet instructions for school meals: _______________________

____

May consume food by mouth? ____ Yes ____ No May consume Liquid by mouth? ____Yes ____ No

Designate consistency requirements of food: ___ Clear liquid ____ Full liquid ___ Blenderized liquid
___ Pureed ___ Mechanical soft ___ Regular diet

Designate consistency required for liquids: _____ Regular _____ Thin _____ Nectar-like
_____ Honey-like _____ Spoon-thick

Are there any limits on oral intake (fluids or other)? If so, specify: _______________________________

Directions for thickening liquids: ____

List any foods to be omitted and suggested substitutes: ____

Describe seating position or any special precautions during feeding: ______________________________

____

Indicate any other issues about the child's eating or feeding patterns: _____________________________

____

May student eat in cafeteria with supervision?: ____

Signature of Physician: ____ Date: ________________

School Contact: ____ Date: ________________

Mail to: ____

FAX TO: ____ ATTN: ______________________