Thomaston-Upson County School Nutrition Program
Children with Special Dietary Needs
Phone: 706-647-2698 Fax: 706-647-7154

Please return this completed form to the cafeteria manager at your child's school.

Student's Name: _____

School Name: (circle) UL Pre-K ULPS ULES ULMS ULHS ULAS

Student's Age _____Grade Level_____ Classroom Teacher_____

1. Does the student have special nutritional or feeding needs? Yes No
   If Yes, describe the major life activities affected by the disability.
   _____
   _____

2. List any dietary restrictions or special diet.
   _____
   _____

4. List any allergies or food intolerance to avoid.
   _____
   _____

5. List foods to be substituted. (Milk must be substituted with an allowable fluid milk substitute/not juice.)
   _____
   _____

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

   Cut up or chopped in bite size pieces.
   _____
   _____
   Finely ground.
   _____
   _____
   Pureed.
   _____
   _____

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

_____
Parent's Signature Date

_____
*** Physician's Signature** (*required) Date