

# Special Diet Request Form

Bowling Green City Schools Food Services

**REMINDER!** Parents and guardians of students with allergies or other medical diet restrictions:

**Before substitutions or modifications can be made to your child's school meals, you must send a note from a licensed physician.**

CHILD'S NAME \_\_\_\_\_

BUILDING \_\_\_\_\_ GRADE \_\_\_\_\_

DESCRIBE MEDICAL CONDITION/ FOOD ALLERGY

\_\_\_\_\_

FOOD OR FOODS TO BE OMITTED FROM THE STUDENT'S DIET

\_\_\_\_\_

FOOD OR CHOICE OF FOODS THAT MUST BE SUBSTITUTED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

***Please return this form to your school nurse.***