Bleckley County School Nutrition Program
242 East Dykes Street, PO Box 516, Cochran, Georgia 31014
Phone: 478-934-2821 – *To Be Completed By Physician Only*
Numbers 4, 5 and 9 must be complete.

Children with Special Dietary Needs for School Year 2016 - 2017

Attention: This form must be completed by a physician only!

Please return this completed form to
PO Box 516
Cochran, GA 31014
Attention: Kelli Green,
Director of School Nutrition
or the School Nutrition
Cashier at the school or
Fax to 478-934-9595

Student Information

Student's Name _____
School Name _____
Student's Age _____ **Grade Level** _____ **Classroom Teacher** _____

1. **Does the student have a physical disability?** ____ **Yes** **No**

   If Yes, describe the major life activities affected by the disability:

_____
_____
_____

2. **Does the student have special nutritional or feeding needs?** **Yes** **No**
   If yes, please list:

_____
_____
_____

3. **List any dietary restrictions or special diet:**

_____
_____
_____

4. **List foods of which the child is deathly allergic:**

_____
_____
_____

5. **List foods to be substituted in place of foods identified above in number 4:**

_____
_____
_____

6. **List foods that need a change in texture. If all foods need to be prepared in this manner, indicate "All".**
   A. **Cut up or chopped into bite sized pieces**_____
   B. **Finely ground**_____
   C. **Pureed**_____

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

_____
_____
_____

8. **Parent's Printed Name** **Parent's Signature**
   Date

_____

9. **Physician's Printed Name** - **Physician's Signature**
   Date

_____ **Mailing address** **Physician's ID #**_____

_____**City, State, Zip** **Phone:** _____

Attention: This form must be completed by a physician and returned to the school prior to any substitutions.

This institute is an equal opportunity provider.