



Special Diet Order

Columbus City Schools
Health, Family and Community Services
Columbus Ohio 43215

Federal regulations require documentation
for all new and changing diet orders.

Please provide the following special diet instructions for:

Student Name _____ Date of Birth _____ School Year _____

School _____ HR / Grade _____ **Preschoolers Only:** Morning session
 Afternoon session

Parent/Guardian Signature _____ Date _____

Healthcare Provider to Complete:

Diagnosis/Allergen:

Diet order: Please specify restricted foods if indicated.

PLEASE NOTE – for students with severe nut allergy, Columbus City Schools purchases foods from manufacturers that may share equipment, and may use the same facilities that process nuts. Advise parents and school accordingly if the above student with severe nut allergies will need to pack their breakfast and lunch.

Healthcare Provider Signature _____ Date _____

Provider Name _____

Practice Address _____

Phone _____ Fax _____

Please fill contact information to left or stamp here

PLEASE return this form to _____ 614-365-_____ 614-365-_____
Licensed School Nurse Phone Fax

School Nurse: Fax to the Food Service Department