SETA Operated Program
Special Diet Order Form

1

Child's Name: _____ DOB: _____

Parent's Name: _____ Teacher: _____

Child Eats: ☐ Breakfast ☐ Lunch ☐ P.M. Snack

Center: _____ LOC ID:_____

Parent Signature: _____

Attention Parent: *Your child's dietary needs will be posted in his/her classroom on a blue Special Diet Alert. His/her picture will be posted on the outside of this alert to ensure your child is easily identified as having a special diet - this is for your child's safety.*

2

THIS SECTION IS TO BE COMPLETED FOR CULTURALLY APPROPRIATE DIETS **ONLY**.

Our family cannot have, my child cannot have (check all that apply):

☐ Chicken ☐ Turkey ☐ Beef ☐ Fish ☐ Other *(Must be approved by physician):* _____

Our centers do not serve pork, gelatin, or any pork products.

3

THIS SECTION IS TO BE COMPLETED BY A **PHYSICIAN ONLY**
FOR ALLERGIES AND INTOLERANCES

☐ Food Allergy/Intolerance: _____

_____

Milk substitutions: ☐ Lactose Free Milk ☐ Enriched Vanilla Soy Milk ☐ Enriched Vanilla Rice Milk

Other substitutions: _____

Does this child need medication for this food allergy? Yes ☐ No ☐

If yes, Physician Instructions for Medication Administration form must be completed.

☐ Special Diet/Nourishment: _____

☐ Tube Feeding (specify): _____

☐ Adaptive Feeding Devices: _____

☐ Other: _____

Physician Name: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____