

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.