

**Part 1-(to be filled out by parent or guardian)**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parents \_\_\_\_\_ Home Phone# \_\_\_\_\_

Father Cell Phone # \_\_\_\_\_ Mother Cell Phone # \_\_\_\_\_

Parents Address \_\_\_\_\_/\_\_\_\_\_

Name of Guardian/s \_\_\_\_\_/Phone \_\_\_\_\_/Cell \_\_\_\_\_

Other Important Phone Numbers \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parents/Guardian Signature \_\_\_\_\_

**Part 2 (to be filled out by Physician or RN)**

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**List and describe any dietary restrictions** \_\_\_\_\_

\_\_\_\_\_

**Part 3 (to be filled out by Physician or RN)**

**List and describe substitutions for child's diet** \_\_\_\_\_

\_\_\_\_\_

**Dietician/Physician Name:**

\_\_\_\_\_ **Phone** \_\_\_\_\_