



HAWAII STATE DEPARTMENT OF EDUCATION
SCHOOL FOOD SERVICES BRANCH
SPECIAL DIETARY NEEDS MEDICAL FORM

This form must be:

- Thoroughly completed by the student's parent/guardian and recognized medical authority.
- Submitted to, reviewed, and approved by School Food Services Branch before meal modification is made.

Distribution:

- Original shall be kept in school file.
- School to send a copy of original J-1 to School Food Services Branch.

NEW REVISED

PART I (FILLED OUT BY PARENT/GUARDIAN)			
1. Student's Last Name:	2. Student's First Name:	3. Date of Birth:	4. Grade:
<i>Note: If student is in Pre-K s/he must be enrolled in Hawaii State Department of Education. Students enrolled in Head Start only are not eligible for special meal accommodations.</i>			
5. School Name:		6. School Phone Number:	
7. Parent/Guardian Name:		8. Parent/Guardian Phone Number:	
9. Meals/snacks requested (check all that apply):			
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack <i>(Note: Afterschool Snack is available only if school is participating in USDA's sponsored program.)</i>			
PART II (FILLED OUT BY RECOGNIZED MEDICAL AUTHORITY)			
10. Describe the physical or mental impairment restricting the child's diet:			
11. Provide an explanation of what must be done to ensure appropriate implementation: <i>(Note: If relevant, you may use the following sections to assist in providing this information.)</i>			
<i>Dietary Need Specifications are shown below and on the next page. Please answer completely.</i>			
12. Does the child require a nutrition or dietary supplement during school hours?			<input type="checkbox"/> YES <input type="checkbox"/> NO
13. If yes, what is the required supplement?			
14. Does the child receive required supplement(s) from State/Federal programs (e.g. WIC/Medicaid)?			<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
15. Specify carbohydrates per meal (check one): <input type="checkbox"/> N/A <input type="checkbox"/> 45g <input type="checkbox"/> 60g <input type="checkbox"/> 75g <input type="checkbox"/> Other: _____			
16. Modified Food Texture: <input type="checkbox"/> N/A <input type="checkbox"/> Chop (1/2") <input type="checkbox"/> Finely Chop (1/4") <input type="checkbox"/> Minced (1/8") <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____			
17. Modified Liquid Consistency: <input type="checkbox"/> N/A <input type="checkbox"/> Nectar-Thick <input type="checkbox"/> Honey-Thick <input type="checkbox"/> Pudding-Thick			



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18. Student's Name (Last Name, First Name):	
19. Food omissions (check all that apply):	20. Recommended food alternatives (specify):
<input type="checkbox"/> Fluid milk (dairy) to drink <input type="checkbox"/> All foods/products containing milk ingredients excluding those baked into food/product <input type="checkbox"/> All foods/products containing milk ingredients	<input type="checkbox"/> Soy milk <input type="checkbox"/> Water (If student is unable to consume fluid milk) <input type="checkbox"/> Other:
<input type="checkbox"/> Eggs (e.g. scrambled eggs, eggs in raw form) <input type="checkbox"/> All foods/products containing egg ingredients excluding those baked into food/product <input type="checkbox"/> All foods/products containing egg ingredients	
<input type="checkbox"/> All foods/products containing wheat ingredients <input type="checkbox"/> All foods/products containing gluten ingredients	
<input type="checkbox"/> Peanuts <input type="checkbox"/> All Nuts <input type="checkbox"/> Tree Nuts, specify type: _____	
<input type="checkbox"/> Soybean <input type="checkbox"/> All foods/products containing soy ingredients <input type="checkbox"/> All foods/products containing soy ingredients, including soy oil	
<input type="checkbox"/> Shellfish, specify type: _____ <input type="checkbox"/> Fish, specify type: _____ <input type="checkbox"/> All Seafood	
<input type="checkbox"/> Other:	
21. Authorization Duration: This Authorization will be followed and in effect until the date OR event specified below:	
22. <i>I have reviewed <u>Attachment J – Accommodating Students with Special Dietary Needs in School Nutrition Programs</u> Sections I, II, III, and attest that this diet order meets the criteria cited in this attachment.</i>	
Signature of Recognized Medical Authority (include credentials):	Date:
Print Name and Address:	Phone Number: Fax Number:
<u>SFSB OFFICE USE ONLY</u>	
FORM COMPLETE SCHOOL CONTACTED ON: _____	FORM COMPLETE ACCOMMODATION WILL NOT BE MADE. <input type="checkbox"/> 504 Team found the STUDENT was ineligible.
FORM INCOMPLETE SCHOOL CONTACTED ON: _____	

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