



'XYDO &RXQW\ 3XEOLF&KBNRZOV O'& 3URFHGXUH  
0DQDJPHQW RI )RRG \$OOHJLHV DQG 0HGL

7KH 8QLWHG 6WDW\$JVL'F&DWWBHQW BQ'SWQRQ GLHWJXUOPWLR  
&)5 3DUW E DVXZDOWL BQ WJKRY H B QLFKJR W B H X1QFWKL B Q B  
6FKRRO %UHDNIDVW 3URJUDPV PDKHH U WJ K O B D UP W B K O P X A  
PDGH IRU FKLOGUHQ HZKVR VFKR R Q D F W B H WUEGIEV D X E I H O R W L H V  
WKDW QHGH LV FHQVLFHQ M B GEK B B Q W D D W E B B H L \$ U R X W K R U L ] H C  
ZULWH PHGLFDO \$UHW B W L S W D E Q B R X U Q G B W, K L Y O L Q F O X G H V  
OLFHVHG SK\VLFLD Q F W G O U H ' 2 L V W E M B C H O X U \$ 5 1 S U D B Q G W Q D

{ \$ SK\VLFD O RU PHQW B D W L P S X E L V P D Q W R D B O P D M R P L W V I R  
DFWLYLWLHV RI VXFK LQGLYLGXDO  
{ \$ UHFRUG RI VXFK DQ LPSDLUPHQW RU  
{ %HLQJ UHJDUGHG DV KDYLQJ VXFK DQ LPSDLUPHQW

7KH \$\$ LQFOXGHV 3PDMRU ERGLO\ LHXQF(WLRSO\HVD R I P D M R U  
PDMRPP € p € 0 @ 0 p À ` @ H À À p À B D P V O H U J D B B S M I R O D H I R F R O D B C H U  
GLVDELOLWWK\$U B B W H O L D B J E B O F R I Q U A L G B B H G L W \ D Q G U H T X L U  
PHDO PRGLILFDWDRQ D M L R U L W R L P S O H F U X Q B M R B Q B I U H R W K W L Y L V  
, Q R U G H U I R U D K R U G P D H Q L F D O \ R R R B W R G B O W M G R B M K B R R O O  
VWHSV QHGH WR RFFXU

\$ OLFHVHG SK\VLEMDQH UDIGYQ Q U F W I G S S U H D I F F L D W L R Q H U  
DVVLVWDQW P X V W Q R R P S C L H W W H U I D Q B I G L L Q J D ( W D Q X D W Q I G R ) C H  
) R U P & K L O G U H Q Z V W K D Q S H I F Q G O F D W H S B W I K F D B Q G H U O \ L C  
FRQLWLRQ WKHG I R R G L V H W R K B I H D R O P W J C Q C H G D B G U



2QFH WKH FRPSOHWHG (DWLQJ DQG)GHEIGWQH(YDOXDV  
&KDUWZHOOV 5HVLGHQW'5LHZWQWLEHQQWJFWSWUKHHQWWX  
JXDUGLDQ WR GHWHUPLQH WKH VSPDGHFIHGLHWKDHU\DI  
VWXGHQW DQG WVRIGLQVXRUWFRQQFTXUHQV

6KRXOG WKH VWXGHQWU\QDIFRFRBRIEZOORGLVHDKHHBQ  
DSSURSULDWHPRHQWIRRUJWKLHWRDHWHGURDWRKHRYRLG  
FRPSOHWHG(DWLQJ DQG)HHGLQJ(WKHSDWHHQV)RUP  
JXDUGLDQIRU DSSURYDO

2QFH WKH PHQRPGRWBLDYWRIGILDHSSWRRYHGXDUVKBC  
WKH 5'ZLOOVHQGWKH DSSURYHGWRHVKHVRWXGHLQWJ  
FDIHHULD PDQDJHUJFVRXSWKHYPBRQDQGWKDSRILQV  
VHUULFH 326 WRWQDGHKHDVWVGHWUWFKMLRQXGHQW  
VSHFLDO PHQX LQ SODFH

7KH DSSURYHG PHQRRIDYOLLGWZRORDESDVMFKLRDDEOH W  
IRRGVHUULFH VWFKLORGRHQWXRWVWFKHFKLYVIRWDBVDW  
5HDVRQDEOH DFRPPRGDWLRQV ZLOGEHVLPSSHHPHQW  
PRUHFRPSOLFDPHWGPHQXDFFRPPRGHWLQGV LHVH  
XQNQRZQ DOOHUJLHV UHDVRQDEOHGDZEPREPGDWLRG  
EXVLQHVV GD\VFPRPDRQLDEQHFQORWEXWLPDGHVZL  
GD\V &KDUWZHOOVWZLGHQWVRQVSDGHFLQHWKH SURJUH  
EHLQJ PDGH WR DFRPPRGDWH WKH VWXGHQWJVGLH

&KDUWZHOOV 5HVLGHQW'LHWLWLXDDOWRQLQDQDQDQD  
IRRG DOOHUJLHV DQGRWKHU PHQWHDQDFRQGDWHBQV  
FKDQJHV WKHQDZVBRQDHFHULZHOWKLV WUDLQLQJ

,I\RX KDYH DQ\TXHQWDLRQWKS)HFRGHQWUULFH 2IIL  
RUWKH &KDUWZHOOV 5HVLGHQWWDQ P`0TÀ`€0@p0



**FIGURE 1.**

**FIGURE 2. INFORMATION CARD**

Special Diet or Dietary Restrictions		
Food Allergies or Intolerances		
Food Substitutions		
Foods Requiring Texture Modifications:		
Chopped:		
Pureed:		
Other Diet Modifications:		
Feeding Techniques		
Supplemental Feedings		
Physician or Medical Authority:		
Name		
Telephone		
Fax		
Additional Contact:	Additional Contact:	
Name	Name	
Telephone	Telephone	
Fax	Fax	
School Food Service Representative/Person Completing Form:		Date:
Title		
Signature		