

**Montgomery County Public Schools**  
**DIETARY REQUEST FORM\*\***

Student Name	DOB
School	Grade
Your Name:	
Your relationship to the student:	
How may we reach you? Cell/Hm#	Email:
<p>Does the child have a medically diagnosed disability? (circle one)    <b>YES</b>    <b>NO</b></p> <p>If yes, please describe medically diagnosed major life activities affected by the disability:</p>	
<p>Based on the medical diagnosis, does the child require special nutritional or feeding accommodations?  <i><b>If yes, please request a plan of care from your child's nurse and have it completed and signed by a recognized medical authority.</b></i></p>	
<p>Do you have a <b>non-medical dietary restrictions or a special diet</b> request?    <b>YES</b>    <b>NO</b></p> <p>Please describe:</p>	
Comments:	
Parent/Guardian Signature	Date

**\*\*THIS REQUEST IS ONLY VALID FOR THE CURRENT SCHOOL YEAR. DIETARY REQUESTS MUST BE UPDATED AND RE-SUBMITTED EACH SCHOOL YEAR**