



POCONO MOUNTAIN SCHOOL DISTRICT

PO Box 200 • Swiftwater, PA 18370 • 570-839-7121

For Office Use:

Initials

Child Nutrition Department Special Diet Form 2024 - 2025

Part 1 - Parent/Guardian to complete the following

Today's Date:

Students Name:

Student ID#:

Name of School:

Grade:

DOB:

Which meals will the student be eating from the cafeteria? Circle ALL that apply: Breakfast - Lunch - None

Parent/Guardian Name:

Good Email to Contact:

Phone #:

Part 2 – To be completed by a Licensed Physician, Physician's Assistant, or Registered Nurse Practitioner

A) Does this student have a severe or life-threatening food allergy, identified disability, or medical condition?

The school may choose to accommodate a student with a non-disabling special dietary need.

☐ NO

☐ YES – Specify affected life activities below.

If YES, which major life activity(s) are affected by the food allergy and/or disability:

☐ Eating

☐ Breathing

☐ Learning

☐ Thinking

☐ Speaking

☐ Standing

B) Describe condition(s): _____

C) Indicate Food Allergy(s) or Food(s) to be Avoided:

☐ Lactose Intolerance – Fluid milk only

☐ Lactose Intolerance – Fluid milk, yogurt, & cheese (ex. Pizza)

☐ Milk – Dairy, dairy products, & foods with milk ingredients
(ex. Muffins, Rice Krispies Treats)

☐ Soybean – Whole soybeans, textured soy protein, & tofu

☐ Soybean ingredients– Soybean oil & soy lecithin

☐ Eggs – Whole eggs (ex. Boiled, scrambled)

☐ Egg ingredients – Eggs cooked into foods (ex. Pancakes)

☐ Wheat/Gluten – Celiac Disease

☐ Sesame

☐ Peanuts

☐ Tree Nuts

☐ Fish

☐ Shellfish

Other: _____

D) May this student have foods that are made in the same facility as any of their allergens (trace amounts)?

☐ YES

☐ NO – Specify which allergens: _____

E) Suggested substitutions for food items not served (*Note: Water & juice cannot be substituted for milk in cases of a non-disability per USDA. The district offers lactaid milk & soymilk as milk substitutes.*):

Medical Authority Credential

Medical Authority Signature

Date

Office Phone #

Email or Fax to

mmazaika@pmsd.org or (570)839-3133

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