



Anoka-Hennepin Schools

DIET MODIFICATION REQUEST Special Diet Statement for Participant with a Disability

Part A

Student's Name	DOB	
Name of School	Grade Level	Date:

Part B

The remainder of the form must be completed by the licensed physician signing below

Identify the student's disability:

Explain how the disability restricts the student's diet:

Describe the major life activities affected by the disability:

List which food items must be omitted from the student's diet:

List the food items to be added to replace the omitted food items:

Indicate any other comments about the child's eating or feeding patterns.

Physician's Name (please print)	Clinic Name:
Physician's Signature (Licensed Physician, DO, Physician Assistant, Nurse Practitioner)	Date:

Physician/Clinic Phone Number:

Parent/Guardian Name (please print)	
Parent/Guardian Signature	Date:

Parent/Guardian Preferred Contact Number:

Return to one of the following for approval:
CNP Administrator (fax#763-506-1253 or 2727 North Ferry St., Anoka, MN 55303)
Form may also be submitted to the School Registered Nurse or school CNP Site Supervisor.

Time required for approval of the request is dependent upon time of year, completeness of the form and complexity of the diet.