



School District of Altoona Food and Nutrition Department

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“On Track with Altoona Food Service”

PHYSICIAN ORDER FOR DIET MODIFICATION

This form should be completed for all children needing diet and/or feeding modification at school. Complete this form even if it is not expected that the child will eat school breakfast/lunch or take morning milk break. Use this form if the child has:

1. Food allergies
2. Diet modification requirements due to health conditions.
3. Requirements for food alteration.
4. A change in diet needs.

PARENT/GUARDIAN RESPONSIBILITIES

1. Notify school of the specialized diet needs of the student.
2. Complete Part I of this form and sign.
3. Ask Physician to complete Part II and sign.
4. Return the completed form to the school nurse.
5. Notify the school in writing if the diet modification is discontinued during the school year.

This Physician order is only good for one (current) school year. Thank you for your prompt response.

Peggy Ehrhard
Foodservice Supervisor