



SY 2026-2027 Nutrition Order

Form A Student's Name: _____ DOB: _____

Special Diet Information

*MSB's Student Wellness Policy honors reasonable requests in the following categories. Please indicate the requirements of your student's special diet. (Some requests may require you to send desired items to school with your child on a regular basis).

Nutritional/Medical

Please detail specific requirements (use Form E for g-tube):

Dairy Free

Lactose Free- any exceptions? (i.e. certain cheeses) _____

Food Allergy

Food: _____

Reaction: _____

Severity- Anaphylaxis? YES NO

Selective Eater

Explain:

*Physician Signature: _____ Date: _____

*Physician Print Name: _____