

Fargo Public Schools
Nutrition Services Department

Special Menu Requirement Form
2022-2023

USDA regulations require that this form be filled out *completely* and signed by a medical doctor if you are requesting a special diet. If the diet order we have on file changes at any point during the students time at FPS a new form must be filled out.

Student Name: _____

Parent/Guardian
Name: _____

DOB: _____

School: _____

Parent/Guardian
Phone : _____

Physician Name: _____

Medical Facility: _____

Telephone: _____

| |
|--|
| Return form to the student's school office or to Kyla Zach, Ops Center, 3901 40th Ave S, Fargo, ND 58104 |
| If you have any questions please contact: Kyla Zach 701-446-1153 |

Diagnosis (i.e. food allergy or chronic disease or disability)

If a disability, describe the major life activity affected by the disability

Omitted Foods

Suggested Substitutes

Physician's Signature: _____

Date: _____