

RIDGEMONT LOCAL SCHOOL DISTRICT

Mr. Joseph Becker
High School Principal
937-363-2701

Emmy Davis
District Superintendent
937-354-2441

Ms. Jessica Kroetz
Elementary Principal
937-354-2141

Medical Statement for Nutritional Needs-Cafeteria
(only complete if student has medical restrictions)

TO BE FILLED OUT BY PHYSICIAN

Diagnosis _____

Diet Prescription: *Check all that apply*

Diabetic Reduced Calorie Increased Calorie
 Modified Texture Other- Please Explain: _____

Food Restriction: *Check all that apply*

Meat Bread & Cereal Milk/Milk Products
 Fruit Vegetable Peanuts/nuts/byproducts
 Other - Please Explain: _____

Food Allergies: Please explain specifically including listing of food items and body's reaction to item.

I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician's Signature: _____ Date _____

Office Address: _____ Office Phone _____

Parent/Legal Guardian Signature _____ Date _____

Please return form to Elementary Office or High School Office.