

**Nazareth Area School District  
School Health Services**

**Dietary Restrictions or Special Diet**

To: Parent or Guardian of \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

As indicated on your child's Student Health Update, you stated a need for special food service. Please have your doctor fill out what dietary modifications your child will need while attending school and return this form to the school nurse in your student's school building.

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Dear Doctor:

Please list dietary restrictions or special diet:

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

If you would like to consult or talk with someone regarding your student's diet, please contact the Food Service Director (610-759-3632) or your school nurse.