



# Modified Diet Care Plan

(For education, child/care and community support services)

## CONFIDENTIAL

To be completed by the DOCTOR OR DIETITIAN and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.  
 This form is to be used where a person has a proven history of food allergy or intolerance or requires a special diet for a proven medical condition.  
 This information is confidential and will be available only to supervising educators and emergency medical personnel.

Name of child/student/client: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Family name (please print) First name (please print)

Medic Alert Number (if relevant): \_\_\_\_\_ Date for next review: \_\_\_\_\_

**Foods and substances that must be avoided for the period of this plan** (see review date above).  
 \_\_\_\_\_  
 \_\_\_\_\_

**Alternative foods the person can consume** (eg; soy products instead of standard dairy for lactose intolerance).  
 \_\_\_\_\_  
 \_\_\_\_\_

**Details of any special feeding routine** (eg; meals at particular times or intervals for health reasons).  
 \_\_\_\_\_  
 \_\_\_\_\_

**In the case of food allergy/intolerance, what are the signs and symptoms?** Please indicate whether the person can report symptoms, the time period over which symptoms might emerge and the severity of the anticipated reaction.  
 \_\_\_\_\_  
 \_\_\_\_\_

**First aid response to signs and symptoms of an allergic reaction/intolerance to a food or other substance.**  
 If the reaction is severe, an anaphylaxis care plan, including an emergency first aid response, will be required from the treating medical practitioner.  
 \_\_\_\_\_  
 \_\_\_\_\_

## AUTHORISATION AND RELEASE

Authorised prescriber: \_\_\_\_\_ Professional role: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Signature:</b> _____	<b>Contact Phone:</b> _____	<b>Date:</b> _____
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**I have read, understood and agreed with this plan and any attachments indicated above.  
 I approve the release of this information to supervising educators and emergency medical personnel.**

Parent/guardian or adult student/client: \_\_\_\_\_  
First name (please print) Family name (please print)

<b>Signature:</b> _____	<b>Contact Phone:</b> _____	<b>Date:</b> _____
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