



School District of Kettle Moraine
Request for Dietary Modification

STUDENT			
<i>STUDENT Last Name</i>	<i>STUDENT First Name</i>	<i>STUDENT Middle Name</i>	<i>Suffix</i> (<i>Jr., II, III</i>)
<i>School</i>	<i>Birth Date</i>	<i>Grade</i>	<div style="display: flex; justify-content: space-around;"> M F </div> <i>Gender</i>
For medical reasons my student requires the following dietary accommodations:			
Foods and types of food that should be omitted (please be specific)			
Foods to be substituted			
Additional comments			
Medical Practitioner Signature	Date	Medical Diagnosis	
Parent Signature		Date	

The completed form can be emailed to health@kmsd.edu or faxed.

Cushing Fax: 262-646-6730
 Dousman Fax: 262-965-6559
 Magee Fax: 262-968-6471
 Wales/Explore Fax: 262-968-6405

KMMS Fax: 262-965-6506
 KMHS / HS Charters Fax: 262-968-6217