

DEAR EDUCATOR,

It is my medical recommendation that _____ makes the diet changes specified below. This is an important part of their medical treatment, and following these instructions will help them maintain their health and well-being.

Making new food choices can be difficult for children, and they will need your help. School lunches, classroom celebrations and holidays may be challenging. Please communicate with the student's parents or caregivers about any classroom or school activities involving food to help make this transition easier. They will appreciate your support and encouragement.

Sincerely

DIET / FOOD RECOMMENDATIONS: