

**LOUISIANA DEPARTMENT OF EDUCATION
SCHOOL FOOD SERVICE SECTION**

DIET PRESCRIPTION FOR MEALS AT SCHOOL

****Special Diets will not be supplied and certain foods will not be substituted or omitted,
until this form is filled out by an MD and approved by Child Nutrition Department.****

DIET PRESCRIPTION for MEALS at SCHOOL

Student's Name _____ Age _____

School _____ Grade/Classroom _____

Parent's Name _____

Address _____ Telephone _____
Street or P. O. Box City State

Does the student have a disability that requires a special diet? Yes _____ No _____
If Yes, describe the major life activities affected by the disability on back.

If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

Diet Prescription (Check all that apply.):

- | | |
|------------------|------------------------------------|
| ___ Diabetic | ___ Increased Calorie _____ #kcal |
| ___ Food Allergy | ___ Reduced Calorie _____ #kcal |
| ___ Hypoglycemic | ___ Texture Modification |
| ___ PKU | Chopped _____ Ground _____ |
| ___ Other _____ | Pureed _____ Liquefied _____ |
| ___ Tube Feeding | Liquefied Meal _____ Formula _____ |

Foods Omitted and Substitutions

(Please check food groups to be omitted. Identify specific foods to omit and list foods to be substituted. If necessary, attach additional information or instructions regarding the diet or feeding.)

- | | | |
|-------------------------------|--------------------------------|----------------------------|
| ___ Food Groups to Omit | ___ Meat and Meat Alternatives | ___ Milk and Milk Products |
| ___ Bread and Cereal Products | ___ Fruits and Vegetables | |

Specific Foods to Omit

Specific Foods to Substitute

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.

MUST BE SIGNED BY A DOCTOR

Office Telephone # () _____

Date: _____

Licensed Physician/Recognized Medical Authority **PRINT**

Licensed Physician/Recognized Medical Authority **SIGNATURE**