



Diet Prescription for Meals at School

Student's Name _____ School _____

Please list disability or medical condition that requires the student to have a special diet.

Condition (Check any that apply)

- Food Allergies/Intolerance Decreased Calorie Diet Diabetic
 Modified Texture Diet Increased Calorie Diet Celiac Disease
 PKU Other

Foods to Omit from School Meals -Please check food category to be omitted. List specific foods to be omitted.

- Wheat/Gluten Eggs (whole eggs) All Foods made with Eggs
 Fruits Vegetables Animal Products/Meats
 Fluid Milk Only All Foods made with Milk Soy
 Peanuts Tree Nuts
 Other: _____

Suggested Food Substitutions: _____

Specific Information Regarding Diet or Feeding (Please provide additional information on the back of this form or attach to this form).

I certify that the above named student requires special school meals prepared as described above because of the student's medical condition or disability.

Physician's Signature

Date

Office Phone Number

06/2019