



Food Service Department  
Watertown City School District  
1351 Washington St  
Watertown NY 13601



DIET PRESCRIPTION FOR MEALS AT SCHOOL 2021-2022

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Disability or Medical Condition:

Metabolic Diseases:

- Celiac Disease (Gluten Allergy)       Diabetes (circle one: type I or type II)  
 Other: \_\_\_\_\_

Food Allergies:

- Egg       Fish    Peanut       Shellfish       Tree nut       Soy       Wheat  
 Milk       Lactose Intolerance       Other: \_\_\_\_\_

Is this condition permanent or temporary?    Permanent                      Temporary

If temporary please give the length of time instructions are to be followed with explanation:

\_\_\_\_\_

Diet Prescription: (check all that apply)

- Celiac Disease (Describe) \_\_\_\_\_  
 Diabetes (Describe) \_\_\_\_\_  
 Allergies (Describe) \_\_\_\_\_  
 Other (Describe) \_\_\_\_\_

Foods Omitted: \_\_\_\_\_

Substitutions: \_\_\_\_\_

\_\_\_\_\_

Other 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 needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician Signature

Office Phone Number

Date

Print Physician's Name

Address

Please return to your School Nurse  
Revised June 2020



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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov) (link sends e-mail).

This institution is an equal opportunity provided.

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Revised June 2020