

St. Tammany Parish Public Schools

PRESCRIPTION FOR SCHOOL MEAL MODIFICATION SY 2022-2023

For the **safety** of your student, this form **MUST** be completed thoroughly, accurately, and legibly by a medical authority.

This document is in effect for the current school year and must be renewed annually.
Please return completed form to your child's school or email to food.service@stpsb.org

Student's Name: _____ Date of Birth: _____

School: _____ Grade/Classroom: _____

Parent's Name: _____ Parent's E-mail: _____

Address: _____ Telephone: _____
Street City Zip

List **Disability/Medical Condition(s)** that require special dietary needs:

Diet Prescription (mark all that apply)

DIABETES:

Diabetic: _____ Flexible Carb Count OR _____ Carbohydrate Grams Breakfast _____ Carbohydrate Grams AM Snack
_____ Lunch _____ PM Snack

INTOLERANCES:

Lactose Intolerance: Substitute Juice or Water

Eliminate Fluid Cow's Milk ONLY:

Eliminate ALL PRODUCTS with Cheese, Yogurt, Milk, Sour Cream:

Other instructions: _____

Egg Intolerance (Eliminate eggs in **pure form ONLY**):

Allow eggs as an ingredient in foods (some examples: cookies, cake, muffins, cornbread, French toast, pancakes, waffles, pastas, meatballs, meatloaf, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)

Wheat Intolerance (Limit products containing flour made from wheat):

Eliminate breads, buns, rolls, cornbread, cornbread dressing, pizza, corn dogs, pasta, crackers, muffins, donuts, cereal bars, most breakfast cereals, French toast, waffles, pancakes, cookies, brownies, cakes, flour tortillas, etc.

Allow foods containing small amounts of wheat: (some examples are: batter/breading on entrees, meatloaf, roux in gumbo etc.)

IMMUNE SYSTEM RESPONSE FOOD ALLERGY (Severe):

Eliminate all foods containing any form of whey or casein

Eggs Proteins (no cookies, cake, muffins, cornbread, French toast, pancakes, waffles, pastas, meatballs, meatloaf, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)

Gluten

Soy Protein (will allow soybean oil)

Fish

Other: _____

PLEASE INFORM US OF POTENTIALLY SEVERE ALLERGIES

SHELLFISH

HISTORY OF INHALATION REACTION

TREE NUTS

HISTORY OF INHALATION REACTION

PEANUTS

HISTORY OF INHALATION REACTION

OTHER:

Texture Modification: (check one) Diced Chopped Ground Pure

Other Diet Prescription: _____

I certify that the above-named student needs modified school meals prepared as described above because of the student's disability or chronic medical condition:

Office Address: _____ Office Telephone: _____

Licensed Physician/Recognized Medical Authority Signature Date

This institution is an equal opportunity employer.