



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



DIET PRESCRIPTION FOR MEALS AT SCHOOL 2022-2023

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 May 16, 2022

WATERTOWN CITY SCHOOL DISTRICT

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCRP-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider

