

St. Tammany Parish Public Schools

PRESCRIPTION FOR SCHOOL MEAL MODIFICATION SY 2023-2024

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 each school year.

Please return completed form to your child's school or email to food.service@stpsb.org

Student Name: _____ Date of Birth: _____

School: _____ Grade/Classroom: _____

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

Address: _____ Telephone: _____
Street City Zip

1. Disability or Medical Condition(s) Requiring Meal Modification: _____

2. Diet Prescription (mark all that apply):

A. **DIABETES:**

Diabetic _____ Flexible Carb Count OR _____ Breakfast _____ AM Snack
_____ Lunch _____ PM Snack

Carbohydrate Grams

Carbohydrate Grams

B. **INTOLERANCES (Mild to Moderate):**

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.)

Other Intolerance _____

C. **IMMUNE SYSTEM RESPONSE FOOD ALLERGY (Severe):**

Eliminate all whey and casein proteins.

Substitute juice or water as beverage

Gluten

Soy Protein (allow soybean oil)

Fish

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

Other _____

PLEASE INFORM US OF POTENTIALLY SEVERE ALLERGIES

SHELLFISH HISTORY OF INHALATION REACTION

TREE NUTS HISTORY OF INHALATION REACTION

PEANUTS HISTORY OF INHALATION REACTION

D. **OTHER:**

Texture Modification Diced Chopped Ground Purée

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:

Print Name _____ Phone _____

Licensed Physician/Medical Authority

Signature _____ Date _____

Licensed Physician/ Medical Authority

This institution is an equal opportunity employer.