Robert E. Lee Elementary	
Satsuma High School	

Satsuma City Schools Diet Prescription For Meals At School

Student:	D.O.B.	:0	Grade/Teache	r:
The above student has a disability or m	edical condition	that requires the s	student to have	a special diet.
Disability or medical condition requi	ring the studen	t to have a specia	l diet or diet 1	restriction:
Diet Prescription (check all that apply	y)			
Diabetic	-	Reduced Calo	orie	
Increased Calorie	-	Modified Tex	kture	
Other (Describe)				
Foods to be omitted:				
Meat and Meat Alternates:			Milk and Mi	lk Products
Bread and Cereal Products:			Peanut and N	Nut Products
Fruits and Vegetables:			Eggs	
Fish/Seafood/Shellfish:				
Other:				-
Textures (other than regular): C	hopped _	Ground	Pure	ed
Special Instructions:				
I certify that the above named student is because of the student's disability or ch	•		ared as describ	ed above
Physician/Recognized Medical Author	ity Signature	Office Phone Nu	 mber	Date

Mail To: Satsuma City Schools Attention: School Nurse 1 Gator Circle Satsuma, AL 36572 Or Fax To: (251) 380-8230

For question or concerns, please call the school nurse at (251) 380-8220