

## Guidelines and Requirements for Diet Prescriptions for Meals at School

*These guidelines and requirements have been established to ensure the safety of students when medically necessary menu change must be implemented. Please read in entirety prior to completing the request form.*

### **General Information**

A new Diet Prescription Form **must be completed every year.**

Diet prescription forms **must be**

- **filled out completely**
- **signed by a licensed Physician or recognized Medical Authority**
- **completed before implemented at school site**

Diet prescriptions will not be altered or discontinued unless the diet prescription form is updated by the physician.

- **Please email or deliver the signed and completed diet prescription form to the school nurse for processing.**
- Please allow 5 days for processing in the Central Office. Parent/Guardian will need to provide meals during this time.
- Questions can be directed to Iberville Parish School Board, Child Nutrition Program, P. O. Box 151, 58030 Plaquemine Street, Plaquemine, LA 70765, Phone # (225) 687-4341; Fax # (225) 687-1318 or email [sfs@ipsb.education](mailto:sfs@ipsb.education).
- Confirmation of receipt and process completion will be sent to parent/guardian via contact email provided.
- Menu substitutions will be provided at the discretion of the Child Nutrition Department according to current food availability.

### **Section 1. Student Information**

Please complete all sections, including student's name, date of birth, age, school, parent's name, address, and telephone number.

### **Section 2. Diet Prescription** (check any and all those that apply)

**Diabetic:** Indicate if dietary modifications are necessary for a diabetic diet for the student. This will be monitored by the school nurse or trained diabetic care attendant.

**Texture Modification:** Indicate the necessary consistency.

**Food Intolerance (digestive system response):** The indicated allergen foods will be eliminated from the student's meal tray in its whole form. (*Example: The student has an intolerance to eggs; the student will not be served whole eggs such as scrambled eggs, hard boiled eggs, etc*)

**Food Allergy (immune system response):** The indicated allergen foods will be eliminated from the student's meal tray in its whole form as well as any food that contains the allergen food as an ingredient. (*Example: The student has an allergy to eggs, the ingredient listing will be reviewed for eggs and any foods containing eggs will be eliminated from the student's meal tray.*)

**Please indicate if the student has a history of inhalation induced anaphylaxis reaction to the specified allergen.**

**Religious Request:** A parent/guardian must complete and sign the current year Diet Prescription Form stating the specific food(s) to eliminate.

### **Section 3. Recommended Substitutions**

If the student requires a substitution, please indicate the requested item to be substituted. *Menu substitutions will be provided at the discretion of the Child Nutrition Department according to current food availability.*

### **Section 4. Medical Authorization**

Ensure authorization is legibly completed. Provider may be contacted if further clarification is necessary. All requests must be signed by a licensed Physician or recognized Medical Authority. Only religious requests may be authorized by a parent/guardian.

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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).

