



DIET PRESCRIPTION

Medical Order for Students with Special Nutritional Needs

Part A (Completed by Parent/Guardian)

Student Information

Name: _____ ID#: _____ Date of Birth: _____
First Last MI mm-dd-yyyy

School: _____ Grade: _____ Age: _____ School Year: 20__ to 20__

Student will participate in the: Breakfast Program Lunch Program Snack Program

Parent/Guardian Information

Name: _____ Phone #: _____ Signature: _____
First Last

Part B (Completed by Parent/Caregiver or Licensed Physician or Other Georgia State Licensed Health Care Professional)

Does the student have a disability, as defined in the Rehabilitation Act of 1973, IDEA, or ADA, that requires the student to have a special diet? If yes, please specify the disability or medical condition: _____ Yes No

If the student is not disabled, does the child have special nutritional and/or feeding needs? If yes, please state the nature of the need(s): _____ Yes No

Food Allergies/Intolerances

- Milk/Dairy (Alternative: _____) Egg (Alternative: _____)
 Lactose Intolerant (Alternative: _____) Fish/Shellfish (Alternative: _____)
 Peanuts/Peanut Butter (Alternative: _____) Wheat/Gluten (Alternative: _____)
 Tree Nuts (Alternative: _____) Soy (Alternative: _____)
 Other: _____ (Alternative: _____)

Texture Modification

- None Chopped Ground Blended Pureed Other: _____

PHYSICIAN / MEDICAL AUTHORITY SIGNATURE SECTION

Physician's signature needed if diet modification is outside of meal pattern.

- I certify that the above named student is disabled and requires diet modifications to the school meals as described above.
- I certify that the above named student is not disabled; however, he/she would benefit from modifications to the school meals as described above.

Physician/Recognized Medical Authority Signature

Phone Number

Medical Office Stamp

Accommodating Students with Special Dietary Needs

As a participant in the National School Breakfast and Lunch Programs, the Chatham School Nutrition Program is required to make accommodations for students who are unable to eat school meals because of a physician diagnosed disability as defined in the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA), and the Americans with Disabilities Act (ADA). In order to make modifications and/or substitutions to the school meal outside of the meal pattern, the Chatham School Nutrition Program must have a written diet prescription on file that is signed by a licensed physician or other licensed health care professional authorized to write medical prescriptions under Georgia State law. Students without disabilities, but have special dietary needs requiring food substitutions or modifications, can request a meal plan modification. The request for a meal plan modification for a non-disabled student is decided on a case-by-case basis. The Chatham School Nutrition Program is not required to make modifications to meals based on food choices of a family or student. Currently, school meals are varied to allow for personal and/or religious preferences. The daily menu is constructed to offer a non-beef and a non-pork product every day.

Guidance for Completing *Diet Prescription*

Part A: Responsibility of Parent/Guardian

- ◆ Complete all items in Part A of the *Diet Prescription* form. Parent/Caregiver can complete Part B if diet modification is within standard meal pattern. Student's physician must complete Part B if the diet modification is not within the standard meal pattern.
- ◆ Provide a completed *Diet Prescription* form to the school nutrition manager.
- ◆ Maintain a healthy line of communication with all involved school staff by participating in any meetings and/or discussions regarding the student's modified meal plan.
- ◆ Present to the school nutrition manager a completed *Diet Prescription* form at the beginning of every school year to ensure that the diet prescription reflects the current dietary needs of the student. During the school year, if the student's dietary needs change, a new diet prescription reflecting the new diet changes must be provided to the school nutrition manager.
- ◆ Educate the student on food restrictions and teach the student to ask the school nutrition staff to identify any food items that the student cannot identify.

Part B: Responsibility of Physician and Medical Authority

- ◆ Complete all items in Part B. A licensed physician's signature is required for students with a disability. For students without a disability, the signature of a licensed physician or a Georgia recognized medical authority (licensed physician, physician assistant, or nurse practitioner) is required.
- ◆ Detail the specific nature of the student's disability. Indicate if the student's condition is a food intolerance or a food allergy that would affect performance and/or participation at school or is a life-threatening condition.
- ◆ Provide specific instructions for what foods may be substituted for omitted foods. Note: Juice and water cannot be substituted for fluid cow's milk as part of the reimbursable meal. Non-dairy soy milk is available for cow's milk substitution.

This institution is an equal opportunity provider and employer.

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Revised: 8/23