



Diet Prescription for Meals at School

This file is to be maintained for use within the school cafeteria.

Student's Name: _____

Name of School: _____

To be completed by a Licensed Physician, Licensed Physician's Assistance, Nurse Practitioner, or Registered Dietitian

Student's Diagnosis (optional): _____

Major life activity affected by the disability: _____

Diet Prescription- **please attach additional instructions if necessary.** Be specific with instructions. This form is used to provide guidance for cafeteria staff.

Foods to Omit (Due to Allergy or Sensitivity):

| Food to Omit | Recommended Food(s) to Substitute |
|--------------|-----------------------------------|
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****If foods are listed to be omitted from the diet, specifics on foods to substitute **MUST** be provided.**

Other Diet Modifications (Check All that Apply):

Special Diet

- ☐ Modified Carbohydrate
- ☐ Increased Calorie
- ☐ Decreased Calorie
- ☐ Modified Texture
- ☐ Other (Please specify): _____
- ☐ Other (Please specify): _____

Information Requested

- Grams per meal (range)
- Calories per meal (range)
- Calories per meal (range)
- Textures Allowed (i.e. ground, pureed)

Instructions: _____

Instructions: _____

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.

Healthcare Provider Signature & Credentials

Date

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, 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/ad-3027.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.