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Superintendent of Schools

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Assistant Superintendent for Instruction

**TINA M. LANE**  
Assistant Superintendent for  
Personnel and Student Services

**BRIANNE R. DURHAM**  
Assistant Superintendent of Operations  
and Finance

**JENNA J. RITZ**  
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# WATERTOWN CITY SCHOOL DISTRICT

Our Children, Our Future!

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DIET PRESCRIPTION FOR MEALS AT SCHOOL 2025-2026

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Disability or Medical Condition:

Metabolic Diseases:

Celiac Disease (Gluten Allergy)                       Diabetes (circle one: type I or type II)

Other: \_\_\_\_\_

Food Allergies:

Egg                       Fish     Peanut                       Shellfish                       Tree nut                       Soy                       Wheat

Milk                       Lactose Intolerance                       Other: \_\_\_\_\_

Is this condition permanent or temporary?    Permanent                      Temporary

If temporary, please give the length of time instructions are to be followed with explanation:

\_\_\_\_\_

Diet Prescription: (check all that apply)

Celiac Disease (Describe) \_\_\_\_\_

Diabetes (Describe) \_\_\_\_\_

Allergies (Describe) \_\_\_\_\_

Other (Describe) \_\_\_\_\_

Foods Omitted: \_\_\_\_\_

Substitutions: \_\_\_\_\_

\_\_\_\_\_

Other Information Regarding Diet or Feeding: (Please provide additional information on the back of this form or attach to this form)

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.

\_\_\_\_\_  
Physician Signature    Office Phone Number    Date

\_\_\_\_\_  
Print Physician's Name    Address

Watertown City School District is committed to building a caring culture  
that fosters lifelong learners and responsible citizens.

