___ Robert E. Lee Elementary

____Satsuma High School

Satsuma City Schools
Diet Prescription For Meals At School

Student:_____**D.O.B.:**_____**Grade/Teacher:**_____

The above student has a disability or medical condition that requires the student to have a special diet.

Disability or medical condition requiring the student to have a special diet or diet restriction:

_____

Diet Prescription (check all that apply)

____ Diabetic ____ Reduced Calorie

____ Increased Calorie ____ Modified Texture

____ Other (Describe) _____

Foods to be omitted:

____ Meat and Meat Alternates: _____ ____ Milk and Milk Products

____ Bread and Cereal Products: _____ ____ Peanut and Nut Products

____ Fruits and Vegetables:_____ ____ Eggs

____ Fish/Seafood/Shellfish: _____

____ Other: _____

Textures (other than regular): ____ Chopped ____ Ground ____ Pureed

Special Instructions: _____

_____

I certify that the above named student requires special school meals prepared as described above because of the student's disability or chronic medical condition.

_____ _____ _____
Physician/Recognized Medical Authority Signature **Office Phone Number** **Date**

Mail To: Satsuma City Schools (Attn: School Nurse)
5100 Highway 43
Satsuma, AL 36572

For question or concerns, please call the lead nurse at (251) 380-8220 or fax (251) 380-8230.