

# Diet Prescription

# ST. LANDRY PARISH SCHOOL SYSTEM

PUPIL APPRAISAL CENTER

127 BLAIR STREET, OPELOUSAS, LOUISIANA 70570

## **DIET PRESCRIPTION FOR MEALS AT SCHOOL**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade/Classroom \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Street or P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List disability/medical condition that requires special nutrition or feeding:

### **Diet Prescription (check all that apply):**

- ☐ Diabetic: \_\_\_\_\_ Carbohydrate Counting **OR** \_\_\_\_\_ grams for breakfast \_\_\_\_\_ grams AM Snack @ \_\_\_\_\_  
\_\_\_\_\_ grams for lunch \_\_\_\_\_ grams PM Snack @ \_\_\_\_\_
- ☐ Calorie Count: \_\_\_\_\_ Breakfast Calories \_\_\_\_\_ Lunch Calories \_\_\_\_\_ AM/PM Snack Calories
- ☐ Lactose Intolerance (eliminate fluid milk, ice cream, raw cheese items)
- ☐ Texture Modification: \_\_\_\_\_ Chopped \_\_\_\_\_ Ground  
\_\_\_\_\_ Puree (check one): \_\_\_\_\_ Milk-like \_\_\_\_\_ Nectar-like \_\_\_\_\_ Honey-like \_\_\_\_\_ Pudding-like
- ☐ Other Diet Prescription: \_\_\_\_\_
- ☐ Food Allergy: \_\_\_\_\_ ingestion \_\_\_\_\_ inhalation \_\_\_\_\_ contact

### ***Food Allergens***

List specific food allergens. Substitutions will be provided according to food availability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Level I***  
Allergen Food

Only

☐  
☐  
☐  
☐  
☐

***Level II***  
Products With

Food Allergen

☐  
☐  
☐  
☐  
☐

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

\_\_\_\_\_  
Licensed Physician/Recognized Medical Authority Signature

\_\_\_\_\_  
Date

Office Address \_\_\_\_\_

Street or P. O. Box

City

State

Zip Code

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

# GUIDELINES AND REQUIREMENTS FOR DIET PRESCRIPTION FOR MEALS AT SCHOOL

*These guidelines and requirements have been established to ensure the safety of students when a medically necessary menu change must be implemented.*

- A new Diet Prescription Form **MUST** be completed every school year.
- Only the current school year Diet Prescription Form will be accepted.
- All sections **MUST** be fully complete.
- Diet Prescription Form **MUST** be signed by Physician/Recognized Medical Authority.
- Diet Prescriptions will **NOT** be altered unless the Diet Prescription Form is updated by the Physician.
- Diabetic Meal Plans
  - Specific carbohydrate counts (45 grams, 60 grams, etc.) **MUST** be included on the Diet Prescription Form.
  - If necessary, a meal plan will be created on an individual basis.
  - Food substitutions and serving sizes will be provided at the discretion of the CNS Office based on current food availability.
- Food Allergens
  - List all specific food allergens
  - For each food allergen, determine if the allergy is a Level I or Level II.
    - **Level I:** Will eliminate the allergen food item(s) from the menu only (example: the student has a food allergy to corn, the student will not be served whole kernel corn, cream corn, etc.).
    - **Level II:** If the food allergen(s) is in the product ingredient listing in any form, it will be eliminated from the menu (example: the student has a food allergy to corn, the ingredient listing will be reviewed for corn syrup, high fructose corn syrup, corn oil, corn solids, etc.). Additionally, some products also contain derivatives of the food allergen(s) and those items will also be eliminated from the menu (example: the student has a food allergy to corn, the student will not be served chicken nuggets, sausage, Italian dressing, hamburger patty, hamburger bun, baked fries, gravy, taco shells, gelatin, etc.)
  - Food substitutions will be provided at the discretion of the CNS Office according to current food availability.
- Diet restrictions due to religious beliefs – parent/guardian **MUST** complete the current school year Diet Prescription Form stating the specific food elimination(s) along with reason (example: due to religious beliefs).
- Incomplete Diet Prescription Forms **MUST** be complete before implemented at school site.