

# Laredo ISD Child Nutrition Program





2023-2024

Diet prescriptions from countries other than the US cannot be accepted in accordance with USDA Child				
Nutrition Program Regulations.				
Student Name:		dent ID:	ent ID: Date of Birth:	
School:	Gra	de:	Teacher:	
Diagnosis:				
Does student have a disability? YesNo (504 of Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990 describes a disability as a physical or mental impairment				
and includes diseases such as orthopedic, visual, speech, hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, PKU, severe food allergy (anaphylaxis), mental retardation, emotional illnesses, drug addiction, diabetes, alcoholism, specific learning disabilities, HIV disease and TB among others)				
(if yes, please answer the following) "Major life activities affected: (Check one or more)"				
□Eating □Caring for Self □Walking □Hearing □Vision □Learning □Speaking □Breathing □ Performing Manual tasks				
If no, skip to dietary instructions (CNP will honor these on a case by case basis)				
Dietary Instructions				
Food allergies:				
□Milk □Eggs	□Peanuts □ Soy	□Wheat		
☐ Shellfish ☐ Tree Nuts	☐ Fish ☐ Other Specify:			
☐ Is the allergy life-threatening or severe? Yes No				
☐ Are foods containing allergens as ingredients allowed? Yes No				
(For example, can consume milk in baked goods, but not fluid milk)				
If yes, Specify which allergen(s) are allowed:				
Food Intolerances				
☐ Lactose (lactose free milk is offered): ☐ gluten: other (specify):				
Foods to Substitute or omit:				
Other modifications:				
☐ Diabetic : Breakfast CHO g				
☐ Reduced Calories (Weight control, reduced fat, low cholesterol, calorie controlled, CHO controlled)				
☐ Increased Calories ☐ High Fiber ☐ Sodium Restriction Na g ☐ Peptic Ulcer Disease				
☐ Metabolic Disorder Specify Type and specific Instruction				
Other: (please specify):				
Foods to Substitute or omit:				
Texture Modification:				
Liquids: □Thin	☐Thick (Nectar)	☐Thick (Honey)	☐Thick (Puddi	ng)
Solids: □Soft	□Pureed	□Ground	□Chopped	
☐ Supplement (If needed):				
House Formula is Pediasure w/fiber®:				
Instructions (Time, Frequency, Amount etc.):				
Diet Expiration Date:				
Print Name of Physician	Signature of Licensed Physician	Office Phone N	umber D	Pate
Print Name of parent	Signature Parent	Home Phone N	umber D	Pate



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## **Dietary Prescription Form**



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The Laredo ISD Child Nutrition Program has implemented standard procedures regarding students with special dietary needs that are consistent with USDA's Dietary Guidelines for Americans 2015 and Evidence-based Nutrition Guidelines of the Academy of Nutrition and Dietetics. The goal of the Child Nutrition Program is to provide meals that are nutritious and appealing and meet the nutrient needs of children of various age groups according to USDA guidelines.

#### Menu Modifications for Children with Disabilities

USDA regulations 7 CFR Part 15b requires substitutions or modifications in school meals for children whose disabilities restrict their diets under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) 1990. These children with a disability (ies) must be provided substitutions in foods/meals as needed and must be supported by a statement signed by a licensed physician or medical authority. A new form/statement is required yearly.

### Menu Modifications for Children without Disabilities

Children without disabilities with special dietary needs may request modifications to the school meals with signed documentation by a licensed physician or medical authority. Under USDA guidelines, child nutrition programs are not required to make modifications for these children but will do so on a case by case basis ensuring that meals meet nutrition standards that are medically appropriate for the child. A new form/statement is required yearly.

### **Food Allergies**

Food allergies are not considered disabilities unless the allergy (ies) causes severe, life threatening reactions. If the student meets these criteria, complete section for "Food Allergies" and provide specific instructions.

For children with less severe allergies that do not meet the above criteria or are not under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) 1990, the Child Nutrition Program will evaluate these requests and honor them on a case by case basis.

#### **Diabetic Meal Plan**

Diabetic diets must be accompanied with specific instructions or meal pattern/plan, carbohydrate count, or other specific instructions.

### Additional Information

Please submit completed LISD Dietary Prescription Form to the school nurse. The school nurse will forward the form to Child Nutrition Program. Depending on the nature or type of dietary modifications, please be aware that there may be up to a week delay before the diet modifications can take effect.

For questions or further inquiries, contact any of the Dietitians on staff at (956) 273-1600, fax (956) 273-1695

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