

## Return To:

1 North Loder Ave., Endicott, NY 13760 Food Services Department (607) 766-3926

## DIET PRESCRIPTION FOR MEALS AT SCHOOL

Name of Student:	School:	Grade
Disability or Medical Condition:		
Metabolic Diseases		
□ Celiac Disease (Gluten Allergy)	□ Diabetes (circle one: type I or type	e II)
□ Other:		
Food Allergies		
□ Egg □ Fish □ Pear	nut 🗆 Shellfish 🗆 Tree Nut	□ Soy □ Wheat
□ Milk □ Lactose Intolerance	□ Other:	
Is this condition permanent or temporary If temporary, please give length of time	·	·
Diet Prescription: (Check all that apply Celiac Disease (Describe) Diabetes (Describe) Allergies (Describe) Other (Describe)		
Foods Omitted:		
Substitutions: ☐ Specified Substitutions as per	ons: BOCES Registered Dietitian	
Other Information Regarding Diet or F this form or attach to this form.)	eeding: (Please provide additional info	ormation on the back of
I certify that the above named studen because of the student's disability or c		as described above
Physician's Signature	Office Phone Number	Date
Print Physician's Name		
Address		

Return to Julie Raway, MPH, RDN, CDN, SNS BOCES Food Services, 1 North Loder Ave., Endicott, NY 13760