

**CHILD NUTRITION PROGRAM**

3000 North Sherwood Forest Drive, Bldg. A  
 Baton Rouge, Louisiana 70814  
 PHONE (225) 226-3624 FAX (225) 275-2298

**EAST BATON ROUGE PARISH SCHOOL SYSTEM  
 CHILD NUTRITION PROGRAM  
 DIET PRESCRIPTION FOR MEALS AT SCHOOL**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade/Classroom \_\_\_\_\_

Parent's Name \_\_\_\_\_ Telephone cell (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Telephone home (\_\_\_\_\_) \_\_\_\_\_  
Street or P. O. Box Telephone work (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Nurse \_\_\_\_\_ Office #: \_\_\_\_\_ Fax # \_\_\_\_\_

Does the student have a disability that requires a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, describe the major life activities affected by the disability.  
 (See back of form for further information.)

If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

Prescription (Check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetic - Up to _____ Carbs. Per Meal | <input type="checkbox"/> Increased Calorie _____ #kcal |
| <input type="checkbox"/> Food Allergy                           | <input type="checkbox"/> Reduced Calorie _____ #kcal   |
| <input type="checkbox"/> Hypoglycemic                           | <input type="checkbox"/> Texture Modification          |
| <input type="checkbox"/> PKU                                    | Chopped _____ Ground _____                             |
| <input type="checkbox"/> Other _____                            | Pureed _____ Liquified _____                           |
|   | <input type="checkbox"/> Tube Feeding                  |
|   | Liquified Meal _____ Formula _____                     |

**Foods Omitted and Substitutions**

(Please check food groups to be omitted. Identify specific foods to omit and list foods to be substituted. If necessary, attach additional information or instructions regarding the diet or feeding.)

**Food Groups to Omit**

- Bread and Cereal Products     Fruits and Vegetables     Meat and Meat Alternatives     Milk and Milk Products

**Specific Foods to Omit (must be completed)**

**Specific Foods to Substitute (must be completed)**

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

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

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.

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

Office Telephone # \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup>Licensed Physician/Recognized Medical Authority Signature

\_\_\_\_\_  
 Date

<sup>1</sup>Signature of Licensed Physician required if the student is disabled.

# Definition of Disability

## Definitions

As used in this part, the term or phrase:

**(l) Student with disabilities** means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

**(j) Physical or mental impairment** means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

**(k) Major life activities** means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

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(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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