

Livingston Parish Public Schools

PRESCRIPTION FOR SCHOOL MEAL MODIFICATION (REVISED MAY 2020)

Please return to the school. For the safety of the student, this form MUST be thoroughly, legibly completed.
This document is in effect for the **2020-2021** school year and must be renewed annually.

Student's Name: _____ Date of Birth: _____
School: _____ Student ID #: _____
Parent's Name: _____ Telephone: _____

Disability/Medical Condition(s) Requiring Special Dietary Needs:

Diet Prescription (Mark All That Apply)

FOOD INTOLERANCE

- Lactose Intolerance**
Eliminate FLUID MILK only Yes No
Allow other dairy items (i.e. cheese, yogurt, non-fat dry milk, whey, casein, ice cream) Yes No
Allow entrees with cooked dairy items: (i.e. macaroni & cheese, pizza) Yes No
- Egg Intolerance**
Eliminate eggs in the PURE FORM only Yes No
Allow eggs as an ingredient in foods (i.e. cookies, cakes, cornbread, French toast, pancakes, pastas, meatballs, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.) Yes No
- Wheat Intolerance** Yes No
Eliminate breads, cornbread, pizza, corn dogs, pasta, crackers, donuts, cereal bars, most breakfast cereals, French toast, pancakes, cookies, brownies, cakes, flour tortillas
Allow foods containing small amounts of wheat (i.e. batter/breading or entrees, meatloaf, roux in gumbo, etc.)

FOOD ALLERGY (Immune System Response)

Eliminate All Ingredients with Food Allergen

- Dairy Products** (no milk, no cheese, no yogurt, no whey, no NFDM, no casein allowed as an ingredient)
- Eggs** (no cookies, cake, cornbread, French toast, pancakes, pasta, breading on chicken products/entrées, mayonnaise, ranch dressing, etc.)
- | | |
|---|---|
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Soy Protein (allow soybean oil) | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

TEXTURE MODIFICATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Food Textures: (Check One) | <input type="checkbox"/> Diced 1/2" x 1/2" | <input type="checkbox"/> Finely Chopped 1/4" x 1/4" |
| | <input type="checkbox"/> Puree Smooth | <input type="checkbox"/> Puree Textured |
| <input type="checkbox"/> Liquid Textures: (Check One) | <input type="checkbox"/> Thin (Regular) | <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Pudding |

OTHER

- Diabetic:** _____ **Other:** _____
 Religion: _____ **Other:** _____
No signature required

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

Licensed Physician/Recognized Medical Authority Signature

Date

Office Address: _____

Phone: _____

Fax: _____