

St. Tammany Parish School Board

PRESCRIPTION FOR SCHOOL MEAL MODIFICATION (Revised July 2017)

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 current school year and must be renewed annually

Student's Name: _____ Date of Birth: _____

School: _____ Grade/Classroom: _____

Parent's Name: _____ Parent's E-mail: _____

Address: _____ Telephone: _____
(Street or P.O. Box) City Zip

List Disability/Medical Condition(s) that require special dietary needs:

Diet Prescription (mark all that apply)

- Diabetic:** _____ Flexible Carb Count OR

_____ Breakfast	_____ AM Snack
_____ Lunch	_____ PM Snack
- Lactose Intolerance (eliminate fluid milk):** Yes No Substitute Juice
Allow other dairy items: (some examples are cheese, yogurt, sour cream, non-fat dry milk, whey, casein, milk solids, etc.)
- Egg Intolerance (eliminate eggs in pure form):** Yes No
Allow eggs as an ingredient in foods (some examples: cookies, cake, muffins, cornbread, French toast, pancakes, waffles, pastas, meatballs, meatloaf, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)
- Wheat Intolerance:** Yes No
Eliminate breads, buns, rolls, cornbread, cornbread dressing, pizza, corn dogs, pasta, crackers, muffins, donuts, cereal bars, most breakfast cereals, French toast, waffles, pancakes, cookies, brownies, cakes, flour tortillas, etc.
Allow foods containing small amounts of wheat: (some examples are: batter/breading on entrees, meatloaf, roux in gumbo etc.)
- Texture Modification:** (check one) Diced Chopped Ground Puree
- Other Diet Prescription:** _____

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, muffins, cornbread, French toast, pancakes, waffles, pastas, meatballs, meatloaf, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)
- Wheat
- Soy Protein (will allow soybean oil)
- Fish
- Other: _____

PLEASE LET US KNOW ABOUT THESE ALLERGIES, EVEN THOUGH THESE ITEMS ARE NOT OFFERED ON SCHOOL MENUS	
<input type="checkbox"/> Shellfish	<input type="checkbox"/> history of inhalation reaction
<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> history of inhalation reaction
<input type="checkbox"/> Peanuts	<input type="checkbox"/> history of inhalation reaction

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:

Office Address: _____ Office Telephone: _____
_____ Office Fax: _____

Licensed Physician/Recognized Medical Authority Signature Date

This institution is an equal opportunity provider and employer.