

Mobile County Public Schools
Diet Prescription For Meals At School
(TO BE RENEWED EACH SCHOOL YEAR)

Name of student for whom special meals at school are requested:

Name _____ DOB _____ School _____

Disability or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student's disability.

Diet Prescription (check all that apply)

Diabetic Reduced Calorie
 Increased Calorie Modified Texture
 Other (Describe) _____

Foods omitted and substitutions (Please check food groups to be omitted. List specific foods to be omitted and suggest substitutions using the back of this form or attach information).

Eggs

Whole Eggs like Omelets
 Eggs Cooked into Products

Milk and Milk Products

Lactose Intolerance
 Milk Protein Allergy

Meat or Meat Alternates

Bread and Cereal Products Fruits and Vegetables

Textures Allowed (check the allowed texture)

Regular Chopped Ground Pureed

Medication (Benadryl, EpiPen, etc.) at school for FOOD ALLERGIES

Circle Appropriate Answer YES or NO

Please provide additional information regarding diet or feeding on the back of this form.

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.

Physician/Recognized Medical Authority Signature Office Phone Number Date

INCOMPLETE FORMS WILL NOT BE ACCEPTED

Mail To: Mobile County Public Schools

Food Service Department

P. O. Box 180069

Mobile, AL 36618

cmcqueen@mcpss.com

Or Fax To: 221-4377

Office Number: 221-4374

fdietprescription