MARENGO COUNTY SCHOOL SYSTEM P.O. BOX 480339 LINDEN, ALABAMA 36784 (334) 295-4123

Diet Prescription for Meals at School

Date		
Student Name	Gra	ade and Homeroom Teacher
Disability or medical condit	tion that requires the student to have a	special diet:
Diet Prescription (check all	that apply)	
☐ Diabetic	□ Reduced Calorie	
☐ Increased Calorie	☐ Modified Texture (explain)	
Other (describe)		
	ntions (please check food groups to be sing the back of this form or attach info	omitted. List specific foods to be omitted rmation.)
☐ Meat and Meat Alternate	s □ Milk and Milk	Products
☐ Bread and Cereal Produc	ets	etables
to this form)	ing Diet (please provide additional infor	mation on the back of this form or attach
Physician's Signature	Physician's Phone Numb	per Date
Parent's Signature	Phone Number	Date
Cafeteria use only		
Date Received:	Received by:	