Avoyelles Parish School Board
DIET PRESCRIPTION FOR MEALS AT SCHOOL
2019-2020

Student's Name____ Age___________________

School____ Grade/Classroom_________

Parent's Name____

Address ____ Telephone_______________
Street or P. O. Box City State

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.

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Diet Prescription (Check all that apply.):

- Diabetic
- Food Allergy
- Hypoglycemic
- PKU
- Other_______________
- Increased Calorie __________#kcal
- Reduced Calorie ___________#kcal
- Texture Modification
  Chopped____ Ground_______
  Pureed______ Liquified______
- 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
- Meat and Meat Alternatives
- Milk and Milk Products
- Bread and Cereal Product s
- Fruits and Vegetables

Specific Foods to Omit	Specific Foods to Substitute
________________________	________________________
________________________	________________________
________________________	________________________

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**. Signature of Licensed Physician required if the student is disabled.**
Printed Name of Physician: _________________________________
Office Address____Office Telephone # (_____) ____________________

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Licensed Physician/Recognized Medical Authority **Signature** ____________________________ Date ______________

Return form by **Mail** or **FAX** to: **Jenny Welch, LDN, RDN, Supervisor**

School Food Service **FAX: 318-253-5178**

221 Tunica Drive West, Marksville, LA 71351 **Phone: 318-240-0229**