

Avoyelles Parish School Board
DIET PRESCRIPTION FOR MEALS AT SCHOOL
2023-2024

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.

Diet Prescription (Check all that apply.):

- | | |
|--------------|------------------------------------|
| Diabetic | Increased Calorie _____ #kcal |
| Food Allergy | Reduced Calorie _____ #kcal |
| Hypoglycemic | Texture Modification |
| | Chopped _____ Ground _____ |
| PKU | Pureed _____ Liquefied _____ |
| Other _____ | Tube Feeding |
| | Liquefied 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 Products	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 # (____) _____

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: 833) 256-1665