

Diet Prescription for Meals at School

Students Name:		Age:	
School:		Grade:	
Disability:			
Major Life ability affected:			
Brief description of medical condition:			

Diet Prescription (check all that apply)

Increased Calorie		Texture Modification	
# kcal		Chopped	
Decreased Calorie		Ground	
# kcal		Pureed	
Diabetic		Liquified-Tube Feeding	
Type 1	Type 2	Liquified Meal	
PKU		Formula	
Food Allergy		Formula Type	
Gluten Free			
Lactose Free			
Other			

Foods to omit	Foods to Substitute

I Certify the above-named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Licensed Physician Signature	Date	Phone Number