



SACRED HEART OF JESUS SCHOOL

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LOUISIANA DEPARTMENT OF EDUCATION SCHOOL FOOD SERVICE SECTION DIET PRESCRIPTION FOR MEALS AT SCHOOL

Student's Name		Age		Grade		Teacher	
Parent's Name							

Address (Street or P. O. Box)		City	
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State: Louisiana	Zip code	Telephone	()	--
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Does the student have a disability that requires a special diet?	Yes	No
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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.):

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Increased Calorie _____ #kcal	
<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Reduced Calorie _____ #kcal	
<input type="checkbox"/> Hypoglycemic	<input type="checkbox"/> Texture Modification	
<input type="checkbox"/> PKU	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground
<input type="checkbox"/> Other	<input type="checkbox"/> Pureed	<input type="checkbox"/> Liquified
<input type="checkbox"/> Tube Feeding	<input type="checkbox"/> 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	<input type="checkbox"/> Meat and Meat Alternatives	<input type="checkbox"/> Milk and Milk Products
	<input type="checkbox"/> Bread and Cereal Products	<input type="checkbox"/> Fruits and Vegetables

Specific Foods to Omit	Specific Foods to Substitute
1)	1)
2)	2)
3)	3)

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.

Office Address

Office Telephone # ()

Licensed Physician/Recognized Medical Authority Signature

Date

Definition of Disability

Definitions

As used in this part, the term or phrase:

(l) Student with disabilities means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

(j) Physical or mental impairment means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism. (k) Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

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