

Livingston Parish Public Schools

PRESCRIPTION FOR SCHOOL MEAL MODIFICATION (Revised April 2019)

Please return to the school. For the safety of the student, this form MUST be thoroughly legibly completed.

This document is in effect for the current school year and must be renewed annually.

Student's Name: _____ Date of Birth: _____

School: _____ Grade/Classroom: _____

Parent's Name: _____ Parent's E-mail: _____

Address: _____ Telephone: _____
(Street or P.O. Box) City Zip

List Disability/Medical Condition(s) that require special dietary needs:

Diet Prescription (mark all that apply)

Diabetic

Lactose Intolerance (eliminate fluid milk): Yes No If yes, please answer A & B below

A. Allow other dairy items:(some examples are cheese, yogurt, non-fat dry milk, whey, casein, milk solids, ice cream) Yes No

B. Allow entrees with cooked dairy items: (some examples are macaronni & cheese, pizza) Yes No

Egg Intolerance (eliminate eggs in pure form): Yes No

Allow eggs as an ingredient in foods (some examples: cookies, cake, muffins, cornbread, French toast, pancakes, waffles, pastas, meatballs, meatloaf, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)

Wheat Intolerance: Yes No

Eliminate breads, buns, rolls, cornbread, cornbread dressing, pizza, corn dogs, pasta, crackers, muffins, donuts, cereal bars, most breakfast cereals, French toast, waffles, pancakes, cookies, brownies, cakes, flour tortillas, etc.

Allow foods containing small amounts of wheat: (some examples are: batter/breading on entrees, meatloaf, roux in gumbo etc.)

Food Textures: (check one) Diced 1/2" x 1/2" Finely Chopped 1/4" x 1/4" Puree Smooth Puree Textured

Liquid Textures: (check one) Thin (Regular) Nectar Honey Pudding

Other Diet Prescription: _____

FOOD ALLERGY (*immune system response*) Eliminate all ingredients with food allergen

Dairy Products (no milk, no cheese, no yogurt, no whey, no NFDM, no casein allowed as an ingredient)

Eggs (no cookies, cake, muffins, cornbread, French toast, pancakes, waffles, pasta, meatloaf, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)

Wheat

Soy Protein (*will allow soybean oil*)

Fish

Other:

Shellfish history of inhalation reaction

Tree Nuts history of inhalation reaction

Peanuts history of inhalation reaction

Religious Reasons: (*Does not require signature*)

I certify that the above named student needs modified school meals prepared as described above because of the student's disability or chronic medical condition:

Office Address: _____

Office Telephone: _____
Office Fax: _____

Licensed Physician/Recognized Medical Authority Signature

Date

This institution is an equal opportunity provider and employer.