Livingston Parish Public Schools

PRESCRIPTION FOR SCHOOL MEAL MODIFICATION

Return completed form to the student's school. Information provided MUST be sufficient to allow the SFA to understand how the chronic medical condition, physical, and/or mental impairment restricts the student's diet.
This document is in effect for the **2026-2027** school year and must be renewed annually.

Student's Name: _____ Date of Birth: _____

School: _____ Student ID #: _____

Parent's Name: _____ Telephone: _____

REQUIRED: Does the student have a chronic medical condition, physical, and/or mental impairment that restricts the student's diet? If yes, describe how the student's chronic medical condition, physical, and/or mental impairment restricts the student's diet.

_____

FOOD INTOLERANCE

Dairy Intolerance

Allow FLUID MILK **If no, preferred substitute:** _____ ☐ Yes ☐ No

Allow RAW DAIRY items (i.e. cheese, yogurt, dry milk, whey, casein, ice cream) ☐ Yes ☐ No

Allow entrees with COOKED DAIRY items: (i.e. macaroni & cheese, pizza) ☐ Yes ☐ No

Egg Intolerance ☐ Yes ☐ No

Eliminate eggs in the PURE FORM. **Allow** foods with eggs as an ingredient in foods (i.e. cookies, cakes, cornbread, French toast, pancakes, pasta, meatballs, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)

Wheat Intolerance ☐ Yes ☐ No

Eliminate breads, buns, cornbread, pizza, breading, pasta, crackers, donuts, cereal bars, most breakfast cereals, French toast, pancakes, cookies, brownies, cakes, flour tortillas. **Allow** foods containing small amounts of wheat (i.e. batter/breading or entrees, meatloaf, roux, etc.)

FOOD ALLERGY (IMMUNE SYSTEM RESPONSE)

Will omit ALL foods that contain any of these checked items

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

☐ **Eggs** (**no** cookies, cornbread, French toast, pancakes, pasta, breading, mayonnaise, ranch dressing, etc.)

☐ **Wheat**	☐ **Shellfish**
☐ **Soy Protein** (allow soybean oil and soy lecithin)	☐ **Tree Nuts**
☐ **Fish**	☐ **Peanuts**
☐ **Other:**	☐ **Other:**

TEXTURE MODIFICATION

☐ **Food Textures:** *Only ONE texture should be marked*
☐ Diced 1/2" x 1/2" ☐ Finely Chopped 1/4" x 1/4"
☐ Puree Smooth ☐ Puree Textured

☐ **Liquid Textures:** *Only ONE texture should be marked*
☐ Thin ☐ Nectar
☐ Honey ☐ Pudding

OTHER

☐ **Diabetic:** _____ ☐ **Other:** _____

☐ **Religious:** _____ ☐ **Other:** _____

No signature required. A school site has the option to make meal modifications due to religious reasons.

I certify the above named student requires school meal modifications due to a chronic medical condition, physical, and/or mental impairment.

_____ _____

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

Office Address: _____ **Phone:** _____

_____ **Fax:** _____

This institution is an equal opportunity provider.