

Livingston Parish Public Schools

PRESCRIPTION FOR SCHOOL MEAL MODIFICATION

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 **2022-2023** school year and must be renewed annually.

Student's Name: _____ Date of Birth: _____
School: _____ Student ID #: _____
Parent's Name: _____ Telephone: _____

Disability/Medical Condition(s) Requiring Special Dietary Needs:

Diet Prescription (Mark All That Apply)

FOOD INTOLERANCE

- Lactose Intolerance**
- Eliminate** FLUID MILK (all other dairy items are allowed) Yes No
- Allow** other dairy items (i.e. cheese, yogurt, non-fat dry milk, whey, casein, ice cream) Yes No
- Allow** entrees with cooked dairy items: (i.e. macaroni & cheese, pizza) Yes No
- Egg Intolerance**
- Eliminate** eggs in the PURE FORM only Yes No
- Allow** eggs as an ingredient in foods (i.e. cookies, cakes, cornbread, French toast, pancakes, pastas, meatballs, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.) Yes No
- 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)

Eliminate Ingredients with Food Allergen

- 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.)
- | | |
|---|---|
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Soy Protein (allow soybean oil) | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

TEXTURE MODIFICATION

- 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 Nectar Honey Pudding

OTHER

- Diabetic:** _____ **Other:** _____
- Religion:** _____ **Other:** _____
- No signature required*

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

Licensed Physician/Recognized Medical Authority Signature

Date

Office Address: _____

Phone: _____
Fax: _____