

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 **2025-2026** school year and must be renewed annually.

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

Does the student have a disability that requires a special diet? If YES, describe major life activities affected by the disability. If the student is not disabled, list medical condition(s) that requires special nutritional or feeding needs.

FOOD INTOLERANCE

Lactose Intolerance

Eliminate FLUID MILK 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, pastas, 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 NFD, 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: Diced 1/2" x 1/2" Finely Chopped 1/4" x 1/4" *Only ONE texture should be marked*
 Puree Smooth Puree Textured

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

OTHER

Diabetic: _____ **Other:** _____

Religious: _____ **Other:** _____

No signature required. Diet modifications for religious preferences are subject to availability.

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: _____

This institution is an equal opportunity provider.