

STUDENT FOOD ALLERGIES AND MEAL SUBSTITUTION
JACKSON-MADISON COUNTY SCHOOL NUTRITION SERVICES

DIET PRESCRIPTION: CHILDREN WITH SPECIAL NEEDS

This information is required by USDA before a meal substitution can be made.

Name of School: _____ Grade: _____ Classroom: _____
Student's Name: _____ Age: _____

Disabled child

Does the child have a disability? If Yes, describe the major life activities affected by the disability	Yes ____	No ____
Does the child also have a special nutritional or feeding needs? If Yes, complete the remainder of the form and have it <u>signed by a licensed medical provider.</u>	Yes ____	No ____

No Disability

If the child is <u>not disabled</u> , does the child have special nutritional or feeding needs? If Yes, Complete the remainder of the form and have it <u>signed by a licensed medical provider.</u>	Yes ____	No ____
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List any dietary restrictions or special diet:

List foods to be substituted. Food items or beverages to be offered instead of the intolerant food or beverage.

This must be completed.

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All"

Cut up or chopped into bite size pieces:

Finely ground:

Pureed:

List any special equipment or utensils that are needed.

Indicate any other comments about the child's eating or feeding patterns.

Date: _____

Parent's Signature: _____
Date: _____

Medical Provider Signature:

This must stay on file in the school cafeteria manager's office

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-w, Whitten building, 1400 Independence ave, S.W. Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD)" "USDA is an equal opportunity provider and employers."