

**WEST BATON ROUGE PARISH SCHOOLS
CHILD NUTRITION PROGRAM
DIET PRESCRIPTION FOR MEALS AT SCHOOL**

School Year 2022 - 2023
This document is in effect until June 30, 2023

Student's Name _____ Age _____

School _____ Grade/Homeroom _____

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

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

Telephone Number: Cell: _____ Home: _____ Work: _____

1. Does the child have a disability or IEP/IAP on file? **Yes or No** If yes, describe the major life activities affected by the disability. _____

2. If the child is not disabled does the child have special nutritional or feeding needs? **Yes or No** List the medical condition that requires special nutritional or feeding needs. _____

3. Does your child have an Epi-Pen for specific food or foods? **Yes or No** If yes, please list the food or foods. _____

List Disability/Medical Condition: _____

Diet Prescription (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetic: Carbohydrate Counting
(Must be monitored by school nurse)
OR | <i>Carbohydrate Grams</i>
_____ Breakfast | <i>Carbohydrate Grams</i>
_____ Lunch |
| <input type="checkbox"/> Lactose Intolerance (eliminate fluid milk only):
Other dairy is allowed: cooked cheese, etc. _____ Yes _____ No
Substitute for Fluid Milk: _____ Lactose-Free Milk
*Soy milk will be provided only to students with disabilities documented in their IEP, as requested by a licensed physician. | | |
| <input type="checkbox"/> Texture Modification: _____ Diced _____ Chopped _____ Ground
_____ Pureed (check one): <input type="checkbox"/> Milk-like <input type="checkbox"/> Nectar-like <input type="checkbox"/> Honey-like <input type="checkbox"/> Pudding-like | | |
| <input type="checkbox"/> Other Diet Prescription: _____ | | |

FOOD INTOLERANCE

(digestive system response)

Level I – eliminate intolerable food only

- Milk (fluid form only) – cheese allowed
Substitute: Lactose Free
- Milk and Dairy Products
- Eggs
- Wheat
- Soy
- Other: _____

FOOD ALLERGY

(immune system response)

Level II – eliminate products with food allergen

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Milk | <input type="checkbox"/> history of inhalation reaction |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> history of inhalation reaction |
| <input type="checkbox"/> Fish | <input type="checkbox"/> history of inhalation reaction |
| <input type="checkbox"/> Shellfish | <input type="checkbox"/> history of inhalation reaction |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> history of inhalation reaction |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> history of inhalation reaction |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> history of inhalation reaction |
| <input type="checkbox"/> Soy | <input type="checkbox"/> history of inhalation reaction |
| <input type="checkbox"/> Other: _____ | |

I certify that the student named above needs special diet accommodations prepared as described related to the student's medical condition.

Office Address: _____

Office Telephone: _____
Office Fax: _____

Licensed Physician/Recognized Medical Authority Signature

Date _____

Guidelines and Requirements For Diet Prescriptions for Meals at School

These guidelines and requirements have been established to ensure the safety of students when medically necessary menu change must be implemented.

- A new Diet Prescription Form **Must** be completed **every year**.
- Diet prescription forms must be filled out completely.
- Diet prescription form **Must** be signed by Physician/recognized Medical Authority.
- Diet Prescription forms will not be altered unless the Diet Prescription Form is updated by the physician.
- Diabetic Meal Plans: include the number of carbohydrates for each meal and snack. Must be monitored by school nurse.
- Food Allergens: include specific and detailed information regarding foods to omit and substitute.
- If the student cannot have fluid milk, please document appropriate substitute.
- Diet Prescription Forms **Must** be completed before implemented at school site.
- Menu substitutions will be provided at the discretion of the Child Nutrition Services Office according to current food availability.
- Please allow 5 days for processing in Central Office. Parent/Guardian will need to provide breakfast and/or lunch during this time. Please fax, mail or deliver the form to the school cafeteria or West Baton Rouge Parish Child Nutrition Department 3761 Rosedale Road, Port Allen, LA 70767, Phone # (225)343-8309 or email mary.couty@wbrschools.net
- If the student has a **Food Intolerance (digestive system response) – Level I**, Check the foods that apply. The indicated allergen foods will be eliminated from the student's meal tray if it's whole form. (Example: The student has an intolerance to eggs; the student will not be served whole eggs such as scrambled eggs, hard boiled eggs, etc.)
- If the student has **Food Allergy (immune system response) – Level II**, check the foods that apply. The indicated allergen foods will be eliminated from the student's meal tray in its whole form as well as any food that contains the allergen food as an ingredient. (Example: The student has an allergy to eggs, the ingredient listing will be reviewed for eggs and any foods containing eggs will be eliminated from the student's meal tray). Please indicate if the student has a history of inhalation induced anaphylaxis reaction to the specified allergen.
- Confirmation of process completion will be sent to parent/guardian via contact number/e-mail provided.

Definition of Disability

- **Student with disabilities** means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.
- **Physical or mental impairment** means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- **Major life activities** means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.