EBR
ONE TEAM, ONE MISSION
CHILD NUTRITION PROGRAM-SY 20-21

Rev.10-24-16
3000 North Sherwood Forest Drive
Baton Rouge, Louisiana 70814
PHONE (225) 226-3612 **FAX (225) 275-2298**

EAST BATON ROUGE PARISH SCHOOL SYSTEM
CHILD NUTRITION PROGRAM
DIET PRESCRIPTION FOR MEALS AT SCHOOL

Student's Name_____ Age_____ Date of Birth_____

School_____ Grade/Classroom_____

Parent's Name_____ Telephone cell ( ) _____

Address _____ Telephone home (_____) _____
Street or P. O. Box) Telephone work (_____) _____

City_____ State_____ Zip Code_____

School Nurse _____ Office #:_____ Fax #_____

Does the student have a disability that requires a special diet? Yes_____ No_____
If yes, describe the major life activities affected by the disability.
(See back of form for further information.)

_____

If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

_____

Prescription (Check all that apply):

( ) Diabetic - Up to _____Carbs. Per Meal
( ) Food Allergy
( ) Hypoglycemic
( ) PKU
( ) Other_____

( ) Increased Calorie _____#kcal
( ) Reduced Calorie _____#kcal
( ) Texture Modification
Chopped _____ Ground _____
Pureed _____ Liquified _____
( ) Tube Feeding
Liquified Meal _____ Formula_____

Foods Omitted and Substitutions
(Please check food groups to be omitted. Identify specific foods to omit and list foods to be substituted. If necessary, attach additional information or instructions regarding the diet or feeding.)

Food Groups to Omit
( ) Bread and Cereal Products ( ) Fruits and Vegetables ( ) Meat and Meat Alternatives ( ) Milk and Milk Products

Specific Foods to Omit

_____
_____

Specific Foods to Substitute

_____
_____

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

Office Address_____ Office Telephone #_____

_____ _____
[1]Licensed Physician/Recognized Medical Authority Signature Date

[1]Signature of Licensed Physician required if the student is disabled.

FAX TO: Cecile Grisby at 225-275-2298

Definition of Disability

Definitions

As used in this part, the term or phrase:

(I) *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 an impairment, or is regarded as having such an impairment.

(j) *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.
(k) *Major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

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(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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