

CHILD NUTRITION PROGRAM

3000 North Sherwood Forest Drive, Bldg. A
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**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 (must be completed)

Specific Foods to Substitute (must be completed)

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 # _____

 1Licensed Physician/Recognized Medical Authority Signature

 Date

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

Definition of Disability

Definitions

As used in this part, the term or phrase:

(l) 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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