



# Diet Prescription for Meals at School Nutrition Services

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Section A: To be completed by the child's Physician or a recognized Medical Authority (if describing a disability)**

Does the child have a disability? ? **Yes** ? **No**

If Yes, describe the major life activity affected by the disability \_\_\_\_\_

Does the child have a non-disabling medical condition? ? **Yes** ? **No**

If Yes, describe the medical condition \_\_\_\_\_

Does the child have special nutritional or feeding needs? ? **Yes** ? **No**

If Yes, describe the specific need \_\_\_\_\_

**If you answered YES to any of the questions above, complete the following and return to the Lunchroom Manager at the student's school or fax to Nutrition Services at (206) 252-0664.**

**Section B: Diet Prescription- please attach additional instructions if necessary.**

*(To be completed by the child's Physician or a recognized Medical Authority)*

If foods are listed to be omitted from the diet, foods to substitute **must** be provided.

**Foods to Omit:**

**Foods to Substitute:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Physician or Recognized Medical Authority Signature

\_\_\_\_\_  
Date signed

Name: \_\_\_\_\_  
Type or Print

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I understand that if my child's medical or healthy needs change, it is my responsibility to notify Nutrition Services and have a new Diet Prescription for Meals at School form completed.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Date signed

? I give Nutrition Services permission to speak with the above named Physician or Authorized Medical Authority to discuss the dietary needs described above. \_\_\_\_\_

(parent/guardian's initials and date)

**Original – Lunchroom Manager** \_\_\_\_\_  
(date)

**1st Copy – Nutrition Services** \_\_\_\_\_  
(date)