

St. Tammany Parish Public Schools

PRESCRIPTION FOR SCHOOL MEAL MODIFICATION SY 2021-2022

For the safety of the student, this form **MUST** be completed thoroughly, accurately, and legibly.

This document is in effect for the current school year and must be renewed annually.
Please return completed form to your child's school or email to food.service@stpsb.org

Student's Name: _____ Date of Birth: _____

School: _____ Grade/Classroom: _____

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

Address: _____ Telephone: _____
Street City Zip

List **Disability/Medical Condition(s)** that require special dietary needs:

Diet Prescription (mark all that apply)

Diabetic: _____ Flexible Carb Count OR

Carbohydrate Grams	Carbohydrate Grams
_____ Breakfast	_____ AM Snack
_____ Lunch	_____ PM Snack

Lactose Intolerance

Eliminate Fluid Milk: Yes No Substitute Juice **Eliminate ALL Dairy Items:** Yes No Substitute Juice

Allow Dairy Items as tolerated (list): _____

Egg Intolerance (eliminate eggs in pure form): Yes No

Allow eggs as an ingredient in foods (some examples: cookies, cake, muffins, cornbread, French toast, pancakes, waffles, pastas, meatballs, meatloaf, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)

Wheat Intolerance: Yes No

Eliminate breads, buns, rolls, cornbread, cornbread dressing, pizza, corn dogs, pasta, crackers, muffins, donuts, cereal bars, most breakfast cereals, French toast, waffles, pancakes, cookies, brownies, cakes, flour tortillas, etc.

Allow foods containing small amounts of wheat: (some examples are: batter/breading on entrees, meatloaf, roux in gumbo etc.)

Texture Modification: (check one) Diced Chopped Ground Puree

Other Diet Prescription: _____

FOOD ALLERGY (immune system response) Eliminate all **ingredients** with food allergen

Milk Protein (**no** milk, no cheese, no yogurt, no whey, no NFDM, no casein allowed as an ingredient)

Eggs (**no** cookies, cake, muffins, cornbread, French toast, pancakes, waffles, pastas, meatballs, meatloaf, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)

Wheat

Soy Protein (will allow soybean oil)

Fish

Other: _____

PLEASE INFORM US OF POTENTIALLY SEVERE ALLERGIES

SHELLFISH HISTORY OF INHALATION REACTION

TREE NUTS HISTORY OF INHALATION REACTION

PEANUTS HISTORY OF INHALATION REACTION

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

Office Address: _____ Office Telephone: _____

Licensed Physician/Recognized Medical Authority Signature

Date