



INTERNATIONAL  
SCHOOL OF LOUISIANA

**LOUISIANA DEPARTMENT OF EDUCATION  
SCHOOL FOOD SERVICE SECTION  
DIET PRESCRIPTION FOR MEALS AT SCHOOL**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade/Classroom \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
(Street or P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_

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.

Diet Prescription (Check all that apply.):

- Diabetic
- 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
- Meat and Meat Alternatives
- Fruits and Vegetables
- 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 # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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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