



INTERNATIONAL SCHOOL OF LOUISIANA

Food Service Department
Diet Prescription
School Year 2018-2019

Student's Name _____ Age _____

School _____ Grade/Classroom _____

Parent's Name _____ Telephone: _____

Address _____
Number City State Zip Code

Does the student have a disability that requires a special diet? Yes _____ No _____
If Yes, describe the major life activities affected by the disability.

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

Diet Prescription (Check all that apply.):

- Diabetic Increased Calorie _____ #kcal PKU
 Food Allergy Reduced Calorie _____ #kcal
 Hypoglycemic Texture Modification Chopped _____ Ground _____ Pureed _____ Liquefied _____
 Tube Feeding Liquefied Meal _____ Formula _____ Other _____

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.)

- Lactose Intolerance: Eliminate Fluid Milk Only Substitution: Water 100% Fruit Juice Lactaid Other _____
 Other milk products to omit: _____

Food Allergy:

- Milk Peanuts Tree Nuts
 Eggs Fish Shellfish
 Soy
 Wheat Wheat – due to Celiac Disease
 Other: _____

Other special dietary need

Specific food to omit	Specific food substitution

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 # (_____) Fax: (_____)

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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