



# INTERNATIONAL SCHOOL OF LOUISIANA

Food Service Department  
Diet Prescription  
School Year 2020 - 2021

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: ( \_\_\_\_\_ )

\_\_\_\_\_  
<sup>1</sup>Licensed Physician/Recognized Medical Authority Signature                      Date

<sup>1</sup>Signature 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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[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(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](mailto:program.intake@usda.gov).

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