

GUIDELINES FOR COMPLETING THE DIET PRESCRIPTION

FOR MEALS AT SCHOOL

These guidelines have been established to ensure the safety of students when a medically necessary menu change must be implemented.

- Federal Regulations require a completed current Diet Prescription for any type of change/substitution to the menu.
- A new Diet Prescription **MUST** be completed every school year.
- Only the current school year Diet Prescription will be accepted.
- All sections **MUST** be fully complete
- Diet Prescription **MUST** be signed by Physician/Recognized Medical Authority
- Diet Prescription will **NOT** be altered unless the Diet Prescription is updated by the Physician.

- Diabetic Meal Plans:
 - Specific carbohydrate counts (45 grams, 60 grams, etc.) **MUST** be indicated
 - Food substitutions will be provided at the discretion of the Child Nutrition Office based on food availability.

- Food Allergens
 - List all **specific** food allergens
 - For each food allergen, determine if the allergy is a Level I or Level II
 - LEVEL I:** Will eliminate the allergen food item(s) from the menu only (Example: a student has a food allergy to corn, the student will not be served whole kernel or cream corn, etc.)

 - LEVEL II:** If the food allergen is in the product ingredient list, in any form, it will be eliminated from the menu (example: the student has a food allergy to corn, the product label will be reviewed for corn syrup, high fructose corn syrup, corn oil, corn solids, etc.). Additionally, some products contain derivatives of the food allergen(s) and those items will also be eliminated from the menu (example, if the student has a corn allergy the student may not be served Italian dressing, taco shells, gelatin, chicken nuggets, etc.)
 - Food substitutions will be made at the discretion of the CNS office with regards to food availability.

- Diet restrictions due to religious preferences
 - Parent or guardian **MUST** complete the current school year Diet Prescription stating the specific food(s) to eliminate along with the reason (example: due to religious beliefs).

- **DIET PRESCRIPTION FORM MUST BE COMPLETE BEFORE IMPLEMENTATION CAN BEGIN AT THE SCHOOL SITE. INCOMPLETE FORMS WILL BE RETURNED.**

THANK YOU FOR YOUR COOPERATION.

