EVANGELINE PARISH SCHOOL BOARD
CHILD NUTRITION PROGRAM

404 Harvey Lebas Drive · Ville Platte, Louisiana 70586·337-363-0042

DIET PRESCRIPTION FOR SCHOOL MEALS 2011-2012

This document is in effect for the current school year only and must be renewed annually.

Student's Name_____ Age_____

School_____ Grade/Classroom_____

Parent's Name_____

Address _____ Telephone_____
Street or P. O. Box City State

List the disability or medical condition that requires special nutrition or feedings: _____
_____

Diet Prescription (Check all that apply):

□ Diabetic: _____Carbohydrate Counting **OR** _____grams for Breakfast _____grams AM snack @_____
____ _grams for Lunch _____grams PM snack @_____

□ Calorie Count: _____Breakfast Calories _____Lunch Calories _____AM/PM Snack Calories

□ Lactose Intolerance (Eliminate fluid milk, raw cheese items, cheese sauce) □ Provide Lactose free milk

□ Texture Modification: _____Chopped _____ Ground _____Pureed _____Other (specify)

□ Other Diet Prescription_____

□Food Allergy:

FOOD ALLERGIES List specific food allergens. Substitutions based on food available.	LEVEL I Allergen Food Only	LEVEL II Products with Allergen
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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.

Physician Name: _____

Office Phone/Fax: _____

Office Address: _____

_____

Licensed Physician/Recognized Medical Authority Signature **Date**