

Food and Nutrition Services Diocese of Lafayette Diet Prescription for Meals at School

PLEASE PRINT

Student Name _____ Age _____
School _____ Grade _____
Parents Name _____
Address _____ Phone _____
City _____ State _____ Zip _____
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)

Food Allergy PKU Hypoglycemic Diabetic Increased/Decreased Calories

Other (Description) _____

Specific Foods to Omit (Example: If Milk is to be omitted does that also include cheese and pudding)
List each food to be omitted:

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 _____

Licensed Physician/Recognized Medical Authority Signature

Date

Printed Physician's Name _____

USDA Nondiscrimination Statement SNAP and FDIPIR State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: 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. This institution is an equal opportunity provider.