Jefferson County Board of Education Diet Prescription for Meals at School

		Name of School
*To be completed by a Licensed Physician, Licensed Physician's Assistant, or Nurse Practitioner		
Student's Diagnosis (optional):		
Major life activity affected by the disablility		
Diet Prescription-please attach additional instructions if necessary. Be specific with instructions. This form is used to provide guidance to cafeteria staff.		
Foods to Omit (Due to an Allergy or Sensitivity)		
Food to Omit Recomme		ended Food (s) to Substitute
**If foods are listed to be omitted from the diet, specifics on foods to substitute <u>MUST</u> be provided. Other Diet Modifications (Check All That Apply)		
Special Diet		Information Required
☐ Modified Carbohydrate		Grams per meal (range)
☐ Increased Calorie		Calories per meal (range)
Decreased Calorie		Calories per meal (range)
☐ Modified Texture		Textures Allowed (i.e. ground, pureed)
Other (Please Specify)		Instructions:
I certify that the above named student needs special school meals prepared or served as described above because of a student's disability or chronic medical condition.		
Otata Library and Handilla and Branda and Olamatan		
State Licensed Healthcare Professional Signature Date		

*It is recommended that the diet prescription be renewed annually.