

Diet Prescription for Meals at School  
Finley School District Child Nutrition Services

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_

**Section A: To be completed by the child's Physician (if describing a disability) or a licensed health care provider.**

Does the child have disability?  Yes  No

If Yes, describe the major life activity affected by the disability \_\_\_\_\_

Does the child have a non-disabling medical condition?  Yes  No

If Yes, describe the medical condition \_\_\_\_\_

Does the child have special nutritional or feeding needs?  Yes  No

If Yes, describe the specific need \_\_\_\_\_

**If you answered YES to any of the questions above, complete the following and return to school's Site Head Cook.**

**Section B: Diet Prescription- please attach additional instructions if necessary.**

(To be completed by the child's Physician or a licensed health care provider)

If foods are listed to omit from the diet, foods to substitute **must** be provided.

**Foods to Omit:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Foods to Substitute:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above named student needs special school meals prepared or served as described above because of the student's disability or chronic medical condition.

\_\_\_\_\_  
Physician or licensed health care provider Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Office Phone                      FAX

**Section C: Parent Responsibility and Consent**

I understand that if my child's medical or health needs change, it is my responsibility to notify Child Nutrition Services and have a new Diet Prescription for Meals at School form completed.

I give Child Nutrition Services permission to speak with the above Physician or Authorized Medical Authority to discuss the dietary needs describe above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Home/Cell Number

\_\_\_\_\_  
Date Signed

**School Use Only – Site Head Cook \_\_\_\_\_ (Int'l/Date Rec'd)    School Nurse \_\_\_\_\_ (Int'l/Date Rec'd)    Teacher \_\_\_\_\_ (Int'l/Date Rec'd)**