

# Livingston Parish Public Schools

## PRESCRIPTION FOR SCHOOL MEAL MODIFICATION (REVISED APRIL 2021)

Please return to the school. For the safety of the student, this form MUST be thoroughly, legibly completed.  
This document is in effect for the **2021-2022** school year and must be renewed annually.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Disability/Medical Condition(s) Requiring Special Dietary Needs:  
\_\_\_\_\_

### Diet Prescription (Mark All That Apply)

#### FOOD INTOLERANCE

- Lactose Intolerance**  
Eliminate FLUID MILK only  Yes  No  
Allow other dairy items (i.e. cheese, yogurt, non-fat dry milk, whey, casein, ice cream)  Yes  No  
Allow entrees with cooked dairy items: (i.e. macaroni & cheese, pizza)  Yes  No
- Egg Intolerance**  
Eliminate eggs in the PURE FORM only  Yes  No  
Allow eggs as an ingredient in foods (i.e. cookies, cakes, cornbread, French toast, pancakes, pastas, meatballs, breading on chicken products/entrees, mayonnaise, ranch dressing, etc.)  Yes  No
- Wheat Intolerance**  Yes  No  
Eliminate breads, cornbread, pizza, corn dogs, pasta, crackers, donuts, cereal bars, most breakfast cereals, French toast, pancakes, cookies, brownies, cakes, flour tortillas  
Allow foods containing small amounts of wheat (i.e. batter/breading or entrees, meatloaf, roux in gumbo, etc.)

#### FOOD ALLERGY (Immune System Response)

Eliminate All Ingredients with Food Allergen

- Dairy Products** (no milk, no cheese, no yogurt, no whey, no NFDM, no casein allowed as an ingredient)
- Eggs** (no cookies, cake, cornbread, French toast, pancakes, pasta, breading on chicken products/entrées, mayonnaise, ranch dressing, etc.)
- |   |   |
|---|---|
| <input type="checkbox"/> <b>Wheat</b>                           | <input type="checkbox"/> <b>Shellfish</b> |
| <input type="checkbox"/> <b>Soy Protein</b> (allow soybean oil) | <input type="checkbox"/> <b>Tree Nuts</b> |
| <input type="checkbox"/> <b>Fish</b>                            | <input type="checkbox"/> <b>Peanuts</b>   |
| <input type="checkbox"/> <b>Other:</b>                          | <input type="checkbox"/> <b>Other:</b>    |

#### TEXTURE MODIFICATION

- Food Textures: (Check One)**  Diced 1/2" x 1/2"  Finely Chopped 1/4" x 1/4"  
 Puree Smooth  Puree Textured
- Liquid Textures: (Check One)**  Thin  Nectar  Honey  Pudding

#### OTHER

- Diabetic:** \_\_\_\_\_  **Other:** \_\_\_\_\_  
 **Religion:** \_\_\_\_\_  **Other:** \_\_\_\_\_  
*No signature required*

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

\_\_\_\_\_  
Licensed Physician/Recognized Medical Authority Signature

\_\_\_\_\_  
Date

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_