

## Cedar Rapids Community Schools

### Diet Prescription Form

**PART 1 – To Be Completed By Parent/Guardian**

Student Name:	Parent/Guardian Name:
Date of Birth:	Address:
School Attending:	
Grade:	Telephone:

**PART 2 - Must Be Completed By a Licensed Physician**

**Please complete if requesting accommodations due to FOOD ALLERGY or INTOLERANCE**  
 (If requiring special meals due to DISABILITY see PART 3 on reverse side; disability defined on page 2)

***FOR RECOGNIZED MEDICAL AUTHORITY USE***

**Diet Prescription:** (check all that apply)

Food Allergy (describe): \_\_\_\_\_  
 Food Intolerance (describe): \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

**Omitted Foods and Substitutions:**

List the specific food(s) to be omitted and food(s) that may be substituted. The school is not required to provide substitutions; however the school has the option of doing so only when appropriate substitutions are indicated by the recognized medical authority.

Omitted Food(s)	Substitutions

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above named student needs special accommodations as described above due to the student's allergy or intolerance.

<b>Recognized Medical Authority Signature</b>	<b>Telephone Number</b>	<b>Date</b>

\_\_\_\_\_  
**Please Print Name**

Only those diet modification supported by the statement of the recognized medical authority shall be implemented.

Parental/Guardian Consent: I agree to allow my child's health care provider and school personnel to discuss information on this form.

<b>Parent/Guardian Signature</b>	<b>Date</b>

I hereby give permission for the school staff to follow the above stated nutrition plan.

<b>Parent/Guardian Signature</b>	<b>Date</b>

**PART 3**

Please complete if requiring special meals due to a **DISABILITY** (definition listed below)

**FOR PHYSICIAN'S USE**

Identify disability or medical condition that requires the student to have a special diet (see below for definition of disability/handicap): \_\_\_\_\_

Describe major life activities affected that require the special diet \_\_\_\_\_  
\_\_\_\_\_

**Diet Prescription:** (check all that apply)

- Diabetic Diet (attach meal plan)
- Modified Texture and/or Liquids (attach meal plan)
- Food Anaphylaxis (describe): \_\_\_\_\_
- Other (describe): \_\_\_\_\_

**Omitted Food(s) and Substitutions:**

Use space to list the specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional page, if necessary.

Omitted Food(s)	Substitutions
_____	_____
_____	_____
_____	_____

**Special Feeding Equipment:** \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I certify that the named student needs special school meals as described above due to the student's disability.

\_\_\_\_\_  
**Physician's Signature** **Telephone Number** **Date**

\_\_\_\_\_  
**Please Print Name**

Only those diet modification supported by the statement of the recognized medical authority shall be implemented.

**Parental/Guardian Consent:** I agree to allow my child's health care provider and school personnel to discuss information on this form.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

I hereby give permission for the school staff to follow the above stated nutrition plan.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**Definition of Disability**

Federal regulations governing the National School Lunch Program (7 CFR 210.10) provide that schools must make substitutions in lunches and after school snacks for students who are considered to have a disability and whose disability restricts their diet.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."

The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- Orthopedic, visual, speech, and hearing impairments
- Cerebral palsy
- Epilepsy
- Muscular dystrophy
- Multiple sclerosis
- Cancer
- Heart disease
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.