

Guidelines and Requirements for Diet Prescriptions for Meals at School

These guidelines and requirements have been established to ensure the safety of students when a medically necessary menu change must be implemented. Please read in entirety prior to completing the request form.

General Information

- A new Diet Prescription Form must be completed every year after June 30th. Diet Prescription forms are valid from July 1st through June 30th of each year.
 - Diet prescription forms must be:
 1. Filled out completely
 2. Signed by a licensed Physician or recognized Medical Authority (7 CFR 210.10(m)(1i); LA Title 46 § LII-2745) 3.

Completed and received by the Child Nutrition Program Central Office before implemented at school site. • Diet prescriptions will not be altered or discontinued unless the diet prescription form is updated by the Physician or Recognized Medical Authority (Sections 4 & 5 of the Diet Prescription Form).

- Please email or deliver the signed and completed diet prescription form to the school nurse for processing or Authorized School Responsible Staff for processing.
- Please allow 5 days for the Child Nutrition Program Central Office to process the Diet Prescription Request. ○
The Parent/Guardian will need to provide meals during this time.
- Questions can be directed to Diocese of Baton Rouge, Child Nutrition Program, 3300 Hundred Oaks, Ave., Baton Rouge, LA 70808, Phone # (225) 387-6421; Fax # (225) 387-1413; or email diets@cnpbr.org
- Confirmation of receipt and process completion will be sent to parent/guardian via contact email provided. • Menu substitutions will be provided at the discretion of the Child Nutrition Department according to current food availability. **Section 1. Student**

Information

- Please complete all sections, including student's name, age, school, parent/guardian's name, address, telephone, and email address.

Section 2. Food Intolerance – *Digestive system response, i.e. nausea, diarrhea, bloating, headaches, rashes, etc.* • The indicated allergen foods will be eliminated from the student's meal tray in its whole form.

- (**Example:** The student has an intolerance to eggs; the student will not be served whole eggs such as scrambled eggs, hard boiled eggs, etc.)
- Please check all those that apply in Section 2(a) and list any substitutions, if required.
- Menu substitutions will be provided at the discretion of the Child Nutrition Department according to current food availability.

Section 3. Food Allergy – *Immune system response.*

- The indicated allergen foods will be eliminated from the student's meal tray in its whole form *as well as any food that contains the allergen food as an ingredient.*
 - (**Example:** The student has an allergy to eggs; the ingredient listing will be reviewed for eggs and any foods containing eggs will be eliminated from the student's meal tray.)
- Please check all those that apply in Section 3 (a) and list any substitutions, if required. *Menu substitutions will be provided at the discretion of the Child Nutrition Department according to current food availability.*
- **Please indicate if the student has a history of inhalation induced anaphylaxis reaction to the specified allergen.**

Section 4. CHANGE in Diet Prescription or Status

- A new / updated Diet Prescription for Meals at School form, signed by a Recognized Medical Authority (7 CFR 210.10(m)(1i); LA Title 46 § LII-2745), must be completed for any changes to the Diet Prescription. If a student no longer needs diet accommodation, the Physician or Recognized Medical Authority must sign the Diet Prescription form indicating the accommodation is no longer needed.
- If the student requires a substitution, please indicate the requested item to be substituted. *Menu substitutions will be provided at the discretion of the Child Nutrition Department according to current food availability.*

Section 5. Medical Authorization Ensure authorization is legibly completed. The Provider may be contacted if further clarification is necessary. All requests must be signed by a licensed Physician or recognized Medical Authority (7 CFR 210.10(m)).

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Section 1

2025 – 2026 School Year

Diet Prescription for Meals at School

To Be
Completed by the Parent
Student
Name: _____

Age: _____ School _____

Name: _____
Grade: _____ Parent/Guardian _____

Student Information

OFFICE USE ONLY: Initial and Date

Nurse/Responsible Staff Date Received _____ School _____

Manager Date Received _____ Cafeteria _____

Central Office Date Received _____

Name: _____

Phone: _____

Address: _____

Email _____

Address: _____

Does the student have a disability or medical condition that requires a special diet? ☐ Yes ☐ No

Section 2 Food Intolerance: Digestive system response, i.e. nausea, diarrhea, bloating, headaches, rashes, etc. entrees, ranch dressing, mayonnaise, etc.).

Section 2(a) Food INTOLERANCE

Food Intolerance- Eliminate intolerable food only.

Check all that apply:

☐ **Lactose Intolerance** (eliminate fluid milk)

☐ Yes ☐ No **Allow** other dairy items (such as cheese, yogurt, sour cream, non-fat milk, dry milk, whey, casein, milk solids, etc.

☐ Substitutions _____

☐ **Egg Intolerance** (eliminate eggs in pure form)

☐ Yes ☐ No **Allow** eggs as an ingredient in foods (such as cookies, cake, muffins, cornbread, French toast, pancakes, waffles, pastas, meatballs, breading on chicken products,

☐ Substitutions _____

☐ **Wheat Intolerance**

☐ Yes ☐ No **Eliminate** breads, buns, rolls, cornbread, pizza, corn dogs, pasta, crackers, muffins, donuts, cereal bars, most breakfast cereals, French toast, waffles, pancakes, cookies, brownies, cakes, flour tortillas, etc.

☐ Yes ☐ No **Allow** foods containing small amounts of wheat such as batter breading on entrees, meatloaf, roux in gumbo, etc.

☐ Substitutions _____

Section 3 Food Allergy: Immune System Response

Section 3(a)

FOOD ALLERGY

Certification

Food Allergy - Eliminate all ingredients/products

with food allergen. Check all that apply: ☐ Dairy ☐ History of inhalation reaction ☐ Wheat ☐ History of inhalation reaction ☐ Eggs ☐ History of inhalation reaction ☐ Peanuts ☐ History of inhalation reaction ☐ Shellfish ☐ History of inhalation reaction ☐ Soy ☐ History of inhalation reaction ☐ Fish ☐ History of inhalation reaction ☐ Tree Nuts ☐ History of inhalation reaction ☐ Sesame ☐ History of inhalation reaction ☐ Other _____

☐ Substitutions _____

Section 4

CHANGE in Diet Prescription

Section 5

Medical

Special Diet Status has **CHANGED as indicated:**

☐ Student ***no longer needs*** special diet ☐ ***Update*** the special diet as reflected on this form

I certify that the above-named student needs modified school meals prepared as described above because of the student's disability, chronic medical condition and/or allergy.

Provider Name (Print)_____

Address_____

_____ Phone _____

_____ Date _____

Licensed Physician/Recognized Medical Authority Signature (7 CFR 210.10(m)(1i); LA Title 46 ~~§~~ LII-2745)

X_____

3300 Hundred Oaks Ave. | Baton Rouge, LA 70808

Phone: 225/387-6421 | Fax: 225/387-1413

Email: cnp@diobr.org | Web Site: www.cnpbr.org Revised 06.16.2025 This institution is an equal opportunity provider.