



*Shun Williams
Superintendent*

Diet Prescription For Meals At School
(TO BE RENEWED EACH SCHOOL YEAR)

Name of student for whom special meals at school are requested:

Name _____ DOB _____ School _____

Parent/Guardian _____ Phone# _____ Email _____

Disability or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student's disability.

Diet Prescription (check all that apply)

- Diabetic
- Increased Calorie
- Other (Describe) _____
- Reduced Calorie
- Modified Texture

Foods omitted and substitutions (Please check food groups to be omitted. List specific foods to be Omitted and suggest substitutions using the back of this form or attach information).

- Milk and Milk Products
- Meat or Meat Alternates
- Fruits and Vegetables
- Peanuts and Peanut Products
- Bread and Cereal Products
- Other

Textures Allowed (check the allowed texture)

- Regular
- Chopped
- Ground
- Pureed

Food Allergy. Is this allergy life threatening? _____

- Peanuts
- Tree Nuts
- Wheat
- Soy
- Fish
- Shellfish
- Dairy
- Eggs
- Other _____

Please provide additional information regarding diet or feeding on the back of this form.

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

Physician/Recognized Medical Authority Signature Office Phone Number Date

Return to:

The School Nurse

Midfield Elementary: 923-7727

Rutledge Middle: 780-8647

Midfield High: 923-2834



MIDFIELD CITY SCHOOLS

A tradition of Excellence & Pathway to Success

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