

## 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 Prescribing Medical Professional (MD, DO, PA, ARNP)**

Only diet modifications supported by the signature of a Licensed Prescribing Medical Professional can be implemented.

**1) Diet Prescription:** Complete PART 3 on reverse side to describe level of sensitivity/tolerance to food item(s).  
(check all that apply)

- Food Allergy (describe): \_\_\_\_\_  
Food Anaphylaxis
- Food Intolerance (describe): \_\_\_\_\_
- Other (describe): \_\_\_\_\_
- Modified Texture, Consistency and/or Special Feeding Equipment (attach meal plan)
- Diabetic Diet (attach meal plan)

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

List the specific food(s) to be omitted and food(s) that may be substituted. See reversed side for specific food descriptions based on sensitivity level.

Omitted Food(s)	Substitutions
_____	_____
_____	_____

**2) Describe the medical need related to the diet order and major life activity affected.**  
(Example: Allergy to peanuts affects ability to breathe.)

\_\_\_\_\_

\_\_\_\_\_

Explain what must be done to accommodate the medical need:

\_\_\_\_\_

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

**I certify that the above named student requires special accommodations as described on front & back of form.**

Licensed Prescribing Medical Professional: \_\_\_\_\_

	Name (Print or Type)	Title
Signature of Medical Professional	Telephone Number	Date

**Consent to release information on this form between school personnel & the child's health care provider.**

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

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods:   
For safety, supplied food(s) cannot be stored or prepared in district kitchens.

**PART 3 - Must Be Completed By a Licensed Prescribing Medical Professional (MD, DO, PA, ARNP)**

Checking here indicates the Medical Professional chooses **not** to use this side of the form, making any documentation below obsolete.

**Please check the box in front of the food groups that should NOT be served.**

Our priority is student safety; with a goal to provide the least restrictive & well-rounded meal possible.

**Lactose/milk – Do not serve the following checked items:**

- Fluid Milk to drink
- Milk based desserts such as: ice cream and pudding
- Yogurt
- Hot entrees w/ cheese as a prime ingredient (grilled cheese, cheese pizza, macaroni & cheese)
- Cheese baked in products such as a casserole or on meat pizza
- Cold cheese such as: string cheese or sliced cheese on a sandwich
- Butter or Margarine
- Milk in products such as: breads, mashed potatoes, cookies or graham crackers

**Soy - Do not serve the following checked items:**

- Protein products extended with soy
- Processed items cooked in soy oil
- Food products with soy as one of the first three ingredients
- Food products with soy listed as the fourth ingredient or further down the list

**Egg - Do not serve the following checked items:**

- Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold
- Eggs used in breading or coating of products
- Baked products with eggs such as breads or desserts

**Shellfish or fish – Do not serve the following checked items:**

- Specific fish or seafood type: \_\_\_\_\_

**Peanuts – Do not serve the following checked items:**

- Peanuts, individually or as an ingredient
- Foods containing peanut oil
- Foods items identified as manufactured in a plant that also handles peanuts

**Tree nuts – Do not serve the following checked items:**

- Specify type(s): \_\_\_\_\_
- Foods items identified as manufactured in a plant that also handles nuts

**Wheat – Do not serve the following checked items:**

- Foods containing wheat
- Foods containing gluten
- Other: \_\_\_\_\_

Additional Considerations:

\_\_\_\_\_  
Signature of Medical Professional

\_\_\_\_\_  
Date