

SPECIAL MEALS PRESCRIPTION FORM

Local School District/Name of Institution: Sou

Street Address: _____

City: _____ NH Zip Code: _____

Student Name: _____ DOB: _____

SASID: _____ School Name/Institution: (if different than above) _____

Disability: Disabled (*Federal Policy: as determined by physician*) Non-disabled (*school district policy*)

Disability or medical condition:

- | | | | |
|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Food Intolerance | <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> PKU |
| <input type="checkbox"/> Galactosemia | <input type="checkbox"/> None | <input type="checkbox"/> Other (specify): _____ | |

Description of Condition Requiring Special Diet: _____

Special Diet: (*Check all that apply*) Diabetic Reduced Calorie Increased Calorie Modified Texture

Date Effective: From: _____ To: _____

MEATS/PROTEIN FOODS

- Can't Have: Chicken Pork Canned/Dried Beans Nuts/Seeds
 Beef Poultry Peanut Butter Soy (Tofu, Soy Protein)
 Fish Eggs No Restriction Any Meat/Protein Foods
 Other (specify): _____

Food Prep: Pureed Ground Thin Strips 1/4" Bite Size, 1/4" by 1/2" None

Apply this preparation to all Meat/Protein Foods: Yes No

VEGETABLES/FRUIT

- Can't Have: Fruits, fresh Any fruits/vegetables
 Canned Vegetables, hard/uncooked
 Canned with liquids Other (specify): _____

Food Prep: Pureed Ground Thin Strips 1/4" Bite Size, 1/4" by 1/2" None
 Drain before puree

Apply this preparation to all Vegetables/Fruit: Yes No

GRAINS/BREADS/CEREALS

- Can't Have: Bread/Rolls Crackers Taco Shells, hard
 Gluten (barley, rye, wheat) Rice Tortillas, soft
 Pancakes/Waffles Pasta French Toast
 Cereal No Restriction Any Bread/Grains/Cereal Foods
 Other (specify): _____

Food Prep: Pureed Thin Strips 1/4" Moistened None
 Ground Bite Size, 1/4" by 1/2" Toasted/grilled

Apply this preparation to all Grains/Breads/Cereals: Yes No

MILK/DAIRY

- Can't Have: Cheese Milk Soy Milk Ice Cream
 Cheese, soft Lowfat Milk Yogurt Yogurt, Frozen
 Cheese, hard Whole Milk No Restriction
 Any Milk/Dairy Foods Other (specify): _____
- Food Prep: Pureed Thin Strips ¼" Bite Size, ¼" by ½"
 Ground None
- Apply this preparation to all Milk/Dairy: Yes No

FATS/SAUCES

- Can't Have: No Restrictions Condiments Dressings
 Low fat Dressings Gluten Sauces
 High fat Dressings Any Fats/Sauces Other (specify): _____
 Spreads

COMBINATION FOODS

- Can't Have: Gluten Lasagna Pasta with Sauce
 Shepherds Pie Soup Any Combination Food
 Stews Pizza Other (specify): _____
- Food Prep: Pureed Thin Strips ¼" Bite Size, ¼" by ½"
 Moistened w/sauce or gravy Ground None
- Apply this preparation to all Combination Foods: Yes No

LIQUIDS

- Tube Feeding: Yes No If Yes, specify formula: _____
- Liquids by Mouth Allowed: Yes No Select Type of Thickeners Needed: Thickened Syrup Thickened Nectar*
 Thickened Honey* None
- Select Thickeners: Dry instant baby cereal Dry instant mashed potato Dry instant pudding
 Fruit pureed/Stage I/II baby Simply Thick Thick It
 Yogurt Any Thickener listed

*Nectar= thicken enough to coat a spoon, Honey = thicken enough to stand a straw straight in a cup

Thickening Directions:

SAFE EATING PLAN

(To be completed by Special Education Team or 504 Coordinator)

Describe any special positioning needed while eating/drinking:		Provide safe eating environment by:
Describe any special utensils or feeding equipment needed:		<input type="checkbox"/> Peanut Free Table
Describe any special methods for presenting food/drink:		<input type="checkbox"/> Quiet Table/Area
Liquids served, check all that apply:		<input type="checkbox"/> Other:
<input type="checkbox"/> bottle <input type="checkbox"/> sippy cup <input type="checkbox"/> spoon <input type="checkbox"/> with straw <input type="checkbox"/> juice box holder <input type="checkbox"/> other:		

PHYSICIAN/MEDICAL AUTHORITY SIGNATURE SECTION

- I certify that the above named student needs special meals prepared as described above because of the student's disability.
- I certify that the above named student would benefit from special meals as described above, however this child is not disabled. It is up to the discretion of each school/institution if and for what conditions they will provide substitutions.

Physician's/Medical Authority's Signature

Office Phone Number

Date

Physician's/Medical Authority's Printed Name

PARENT/GUARDIAN SECTION

- YES Parent/Guardian accepts accommodations offered and his/her child will be participating in the Child Nutrition Program or any other program offered within the child's institution.
- Snack Breakfast Lunch Dinner
- NO Parent/Guardian declines accommodations offered and his/her child will not be participating in the Child Nutrition Program or any other program offered within the child's institution.

Parent's/Guardian's Signature

Date

cc:

- Parent/Guardian Physician Nutritionist Feeding and Swallowing Specialist
 Food Service Director School Nurse School Principal Special Ed Coordinator

For Official Use: Date returned to the Special Ed coordinator at the District Office: _____
Date