



Diocese of Baton Rouge Child Nutrition Program
3300 Hundred Oaks Avenue
Baton Rouge, LA 70808

Diet Prescription for Meal at School

To Be Completed by Parent:

Name: _____ Age: _____

School: _____ Grade: _____

Parent's Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

To Be Completed by Physician:

Does the student require a special diet? Yes _____ No _____

List medical condition that requires special nutrition or feeding needs: _____

Allergies: _____

Diet Prescription (Check all that apply):

Diabetic _____

Food Allergy _____

Hypoglycemic _____

PKU _____

Other: _____

Increase Calorie _____ #kcal

Reduce Calorie _____ #kcal

Texture Modification:

Chopped _____ Ground _____

Pureed _____ Liquefied _____

Food Omitted and Substitutions:

(Please check food groups to be omitted. Identify specific foods to omit and list foods to be substituted. If necessary, attach additional information or instructions regarding the diet or feeding).

Food Groups to Omit:

Bread and Cereal Products _____

Meat and Meat Alternatives _____

Fruits and Vegetables _____

Milk and Milk Products _____

Specific Foods to Omit: _____

Specific Food to Substitute: _____

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

Office Address: _____

Office Phone Number: _____

Licensed Physician/ Recognized Medical Authority Signature

Date

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.