

**DIOCESE OF ALEXANDRIA**

**Allergy/Food  
Restrictions Form**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade/Classroom \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
(Street or P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_

Does the student have a disability that requires a special diet modification? Yes \_\_\_\_\_ No \_\_\_\_\_

Diet Prescription (Check all that apply):

- \_\_\_\_ Diabetic
- \_\_\_\_ Food Allergy
- \_\_\_\_ Hypoglycemic
- \_\_\_\_ Other \_\_\_\_\_

Foods Omitted and Substitutions: Please identify specific foods to omit and list foods to be substituted. (i.e. Omit milk and substitute juice)

Specific Foods to Omit	Specific Foods to Substitute
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

Office Address \_\_\_\_\_ Office Telephone# (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Licensed Physician/Recognized Medical Authority Signature

\_\_\_\_\_  
Date

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**DIOCESE OF ALEXANDRIA**  
**CHILD NUTRITION PROGRAM**  
**DIET PRESCRIPTION FOR MEALS AT SCHOOL**

\*Return completed form to cafeteria manager\*

**Patient Information**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

**Disability**

Does the student have a disability that requires a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe the major life activities affected by the disability. \_\_\_\_\_  
(See attached *Bulletin 1196 Section 727* for further information.)

**Medical Condition**

If the student is not disabled, check the medical condition that requires special nutritional or feeding needs.  
(Check all that apply):

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Diabetic     | <input type="checkbox"/> Increased Calorie _____ #kcal |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Reduced Calorie _____ #kcal   |
| <input type="checkbox"/> Hypoglycemic | <input type="checkbox"/> Texture Modification          |
|                                       | Chopped _____ Ground _____                             |
| <input type="checkbox"/> PKU          | Pureed _____ Liquefied _____                           |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Tube Feeding                  |
|                                       | Liquefied Meal _____ Formula _____                     |

**Foods To Be Omitted and Substitutions**

Check the 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:       Meat and Meat Alternatives                       Milk and Milk Products  
                                  Fruits and Vegetables     Bread and Cereal Products

Specific Foods to Omit

\_\_\_\_\_  
\_\_\_\_\_

Specific Foods to Substitute

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Office Address

(\_\_\_\_) \_\_\_\_\_  
Office Telephone #

\_\_\_\_\_  
Licensed Physician/Recognized Medical Authority Signature

\_\_\_\_\_  
Date

\*Signature of Licensed Physician required if student is disabled.

## Definition of Disability

### Definitions

As used in this part, the term or phrase:

***Student with disabilities*** means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

***Physical or mental impairment*** means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

***Major life activities*** means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

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(1)  
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Office of the Assistant Secretary for Civil Rights  
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