

Instructions for Special Dietary Prescription Form

WCS Food and Nutrition Services will make modifications and substitutions to the regular school meals for a student with a disability that restricts his or her diet. The WCS Special Diet Prescription Form must be completed and signed by a licensed physician for a student with a disability before the school cafeteria can provide any modifications or substitutions. The completed form must be faxed to the WCS Registered Dietitian at 615-472-5614. The school cafeteria staff will prepare the meal along with the other meals being served that day.

Follow these steps to ensure a student with a disability requiring special nutrition needs is served the proper diet in the school breakfast and lunch programs:

1. A Special Diet Prescription Form must be filled out completely and signed by a licensed physician annually if the student has a disability.
2. Regulations require that this documentation be on file for each student who receives a special meal. This documentation must be on file in the school cafeteria, nurse's office and with the Registered Dietitian.
3. Work with the cafeteria manager and the Registered Dietitian to know what foods will be served at school.
4. The dietitian, school nurse, or other health professional may suggest the special dietary needs be included in the Individual Education Plan (IEP) or the 504 Plan, as appropriate.

WCS Food and Nutrition Services will try to accommodate special dietary needs for students without a disability. However, the school is not required to serve special meals to all children with diet restrictions (i.e. most food allergies, such as wheat, citrus, eggs, corn). Such determinations are made on a case-by-case basis by the WCS Registered Dietitian and must be supported by the same Special Diet Prescription Form signed by a licensed physician.

Special Diet Prescription Form

Please have this form completed and signed by a licensed physician for a child with a disability or a medical/dietary need in order for a student to receive modifications or substitutions to the regular school meals.

Date: _____

Student Name: _____ Student Number: _____

Date of Birth: _____ School: _____

Diagnosis(es): _____

Does the student typically receive a meal from the school café? Yes _____ No _____

If yes, which meals will your child most likely eat? Breakfast _____ Lunch _____

Parent/guardian: _____ Phone number: _____

Email address: _____

Describe the Student's **Disability** **Medical Condition** that requires the student to have a special diet and the major life activity affected by the student's disability or condition:

Does the student have food allergies? Yes _____ No _____

If yes, please select the allergen from the list below:

Wheat

- All Wheat

Eggs

- All Egg Proteins – Albumin (white) and Yolk
- Whole Egg – hard boiled and scrambled

Dairy

- All Milk Proteins – Casein, Whey, etc
- Fluid Milk
- Cheese Yogurt Ice Cream

Tree Nuts

- All Tree Nuts

Peanuts

- All Peanuts, including Peanut Oil

Soy

- All Soy Protein
- All Soy Protein except Soybean Oil

Fish

- All Fish

Other allergens _____

Intolerance to foods? If yes, which foods? _____

List food(s) to be omitted from the diet and food(s) that may be substituted:

Omit: _____

Alternatives: _____

Additional comments: _____

Licensed Physician: _____ Phone Number: _____
(Signature)

Licensed Physician: _____ Fax Number: _____
(Print Name)

Mailing Address: _____

Please ask your physician's office to fax the completed and signed prescription form to the WCS Registered Dietitian at 615-472-5614.

Copies to: WCS Registered Dietitian, WCS Cafeteria Manager, WCS School Nurse
This institution is an equal opportunity provider.
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