

### **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 WCS Food Service office 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 WCS Food Service office.
3. Work with the cafeteria manager to know what foods will be served at school.
4. The 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/preferences. Such determinations are made on a case-by-case basis and must be supported by the same Special Diet Prescription Form signed by a license 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:

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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 Food Service Office at 615-472-5614.***

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