South Fayette School District * 3640 Old Oakdale Rd * McDonald, PA 15057
(724) 693-3019 phone (724) 693-8832 Fax
Tricia Wood – Director of Food Services * Nutritional Specialist wood@southfayette.org

"Diet Prescription" PACKET

Best Practices:

The South Fayette Food Service Director works in conjunction with the parents/guardians and School Nurse/healthcare professional to assure that children with special dietary needs or students that require a meal modification have the proper intervention.

Instructions:

- Please fill out the attached information "COMPLETELY"
- PRINT – all information
- Physician signature is REQUIRED – This form can not be accepted without physician signature
- Complete instructions are required by the physician.
- This information packet may be dropped off at your child's nurse's office or at the main office in a sealed envelope addressed to the "Director of Food Services"
- You may also mail this packet to: South Fayette High School, Attn: Tricia Wood, FSD, 3640 Old Oakdale Road, McDonald, PA 15057

Received: ______________________ By ____
Date Stamp FSD/Healthcare Professional/School Nurse

2009-2010 School Year

South Fayette School District * 3640 Old Oakdale Rd * McDonald, PA 15057 (724) 693-3019
Tricia Wood – Director of Food Services * Nutritional Specialist wood@southfayette.org

Medical Statement for Children Requiring Special Meals

Name of Student:	School District:
Birth Date:	Grade:
Parent Name:	School Attended:
Telephone:	Telephone:

For Physician's Use

Identify and describe disability or medical condition, including allergies, that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see back of form).

____

____

Diet Prescription (check all that apply):

❑ Diabetic (include calorie level, carbohydrate count, and/or attach meal plan): ____________

❑ Modified Texture and/or Liquids ❑ Food Allergy (list): ____________

❑ Reduced Calorie: ____________ ❑ Increased Calorie: ____________

❑ Other (describe e.g. PKU, Ketogenic, Tube Feeding): ____________

Food Omitted and Substitutions:

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary. Describe in detail allergies e.g. milk allergy - does that include pudding, cheese, yogurt, etc.

OMITTED FOODS	SUBSTITUTIONS

Indicate Texture (see attached sheet for additional information):

❑ Regular ❑ Chopped ❑ Ground ❑ Pureed

Indicate thickness of liquids:

❑ Regular ❑ Nectar ❑ Honey ❑ Pudding

❑ **Special Feeding Equipment** ____________

Additional comments: ____________

I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.

Physician's Signature	**Telephone Number**	**Date**
Signature of Preparer or Other Contact	**Telephone Number**	**Date**

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Parent/Guardian	**Date**

EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

<table>
<tr><td colspan="4">PART A</td></tr>
<tr><td colspan="2">Student's Name</td><td colspan="2">Age</td></tr>
<tr><td>Name of School</td><td>Grade Level</td><td colspan="2">Classroom</td></tr>
<tr><td colspan="2">Does the child have a disability? If Yes, describe the major life activities affected by the disability.

Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.</td><td>Yes

Yes</td><td>No

No</td></tr>
<tr><td colspan="2">If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.</td><td>Yes</td><td>No</td></tr>
<tr><td colspan="4">If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.</td></tr>
<tr><td colspan="4">PART B</td></tr>
<tr><td colspan="4">List any dietary restrictions or special diet.</td></tr>
<tr><td colspan="4">List any allergies or food intolerances to avoid.</td></tr>
<tr><td colspan="4">List foods to be substituted.</td></tr>
<tr><td colspan="4">List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."

Cut up or chopped into bite size pieces:

Finely ground:

Pureed:</td></tr>
<tr><td colspan="4">List any special equipment or utensils that are needed.</td></tr>
<tr><td colspan="4">Indicate any other comments about the child's eating or feeding patterns.</td></tr>
<tr><td colspan="2">Parent's Signature</td><td colspan="2">Date:</td></tr>
<tr><td colspan="2">Physician or Medical Authority's Signature</td><td colspan="2">Date:</td></tr>
</table>

Source: KDE National School Lunch Administrator's Manual, page 34-35

South Fayette School District * 3640 Old Oakdale Rd * McDonald, PA 15057 (724) 693-3019
Tricia Wood – Director of Food Services * Nutritional Specialist wood@southfayette.org

INFORMATION CARD

Student's Name	Teacher's Name
Special Diet or Dietary Restrictions	
Food Allergies or Intolerances	
Food Substitutions	
Foods Requiring Texture Modifications: Chopped: Finely Ground: Pureed or Blended:	
Other Diet Modifications:	
Feeding Techniques	
Supplemental Feedings	
* Physician or Medical Authority: Name Telephone Fax	
Additional Contact: Name Telephone Fax	Additional Contact: Name Telephone Fax
School Food Service Representative/Person Completing Form: Title Signature	Date: