

NPSB CHILD NUTRITION PROGRAM

318-352-3438

300 Parkway Drive  
Natchitoches, LA 71457

Fax: 318-238-2396

GRANT ELOI  
Superintendent

SHAUNA HICKS  
Child Nutrition Program Supervisor

DIET PRESCRIPTION FOR MEALS AT SCHOOL

2021-2022

*This document is in effect for the current school year and must be renewed annually.*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street/ P O Box City State Zip Code

List disability/ medical conditions that require special dietary needs:

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

**DIET PRESCRIPTION (check all that apply)**

( ) Diabetic ( ) Food Allergy ( ) Hypoglycemic ( ) PKU

( ) **Lactose Intolerance** (Eliminate Fluid Milk)  
Is other dairy such as cooked cheese allowed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please document substitute for fluid milk. \_\_\_\_\_ Juice \_\_\_\_\_ Water

( ) **Increased Calorie** \_\_\_\_\_ #kcal ( ) **Decreased Calorie** \_\_\_\_\_ #kcal

( ) **Texture Modification** \_\_\_\_\_ Chopped \_\_\_\_\_ Ground \_\_\_\_\_ Puree \_\_\_\_\_ Liquified

( ) **Gluten Free**

**Foods 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/Meat alternatives  
( ) Milk/Milk Products  
( ) Fruits/Vegetables

Specific Foods to omit: \_\_\_\_\_ Specific foods to substitute \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*PLEASE COMPLETE THE BACK SIDE OF THIS FORM**

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I certify that the above named student needs modified school meals prepared as described above because of the students disability or chronic medical condition.

\_\_\_\_\_  
Signature of Physician/Medical Authority

\_\_\_\_\_  
Date

Office Address \_\_\_\_\_  
Street or PO Box City State Zip

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

**This form must be submitted to the Office of Child Nutrition (300 Parkway Drive).**

For NPSB Staff only

Initial and date upon receipt

School Nurse \_\_\_\_\_ CNS Staff \_\_\_\_\_ Cafeteria Manager \_\_\_\_\_

## Definition of Disability

### Definitions

As used in this part, the term or phrase:

**(l) *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 an impairment, or is regarded as having such an impairment.

**(j) *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.

**(k) *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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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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