



Cullman County Schools Diet Prescription for Meals at School

Due to the USDA (United States Department of Agriculture) regulations, Cullman County Schools **cannot replace or make any diet substitutions** unless we have a “Diet Prescription for Meals at School” form completed by your Licensed Physician/Recognized Medical Authority. This includes, but is not limited to, making substitutions for milk intolerances. **A licensed physician is required to fill out the “Diet Prescription for Meals at School” form if the allergy is life-threatening.** Any recognized medical authority may fill out the form for all other food allergies or intolerances. **Each form is valid only for the current school year.**

Definition of Recognized Medical Authority

In Alabama, a recognized medical authority is defined as one of the following health professionals: doctor (licensed physician), physician assistant, nurse practitioner, registered nurse and registered dietitian.

Date:

Name of Student:

LEA:

School Attended by Student:

Information below to be completed by recognized medical authority.

Disability or medical condition that requires the student to have a special diet.

Include a brief description of the major life activity affected by the student’s disability.

Diet Prescription (Check all that apply)

- Diabetic Reduced Calorie Increased Calorie Modified Texture
 Other (Describe) _____

Foods Omitted (Please check food groups to be omitted.)

- Meat and Meat Alternates Milk and Milk Products Bread and Cereal Products
 Fruits & Vegetables Other (Describe) _____

Substitutions (Please provide suggested substitutions for omitted foods or attach information.)

Textures Allowed (Check the allowed texture)

- Regular Chopped Ground Pureed

Other Information Regarding Diet or Feeding (Please provide additional information on the back of this form or attach to this form.)

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.

Physician/Recognized Medical Authority Signature

Office Phone #

Date