



P.O. Box 121, 626 North Huntersville Road, Batesville, IN 47006 batesvilleinschools.com T: 812-934-2194 F: 812-933-0833

Diet Prescription for Meals at School

School: _____ Grade: _____

Student's Name: _____ Age: _____

Disability:

Major life activity affected: _____

OR Non-disabling medical condition: _____

Diet Prescription (check all the apply)

_____ Increased calories
_____ Decreased calories
_____ Diabetic
_____ Food Allergies
_____ Other

_____ Texture modification
_____ Chopped
_____ Ground
_____ Pureed

Foods to Omit and/or Allergic to:

Foods to Substitute:

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.

Physical/Recognized Medial Authority Signature

Office phone number: _____

Date: _____

Revised 07/16/13