

Legacy Preparatory Academy

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DIET PRESCRIPTION FOR SPECIAL MEALS FORM SCHOOL YEAR 2016-2017

Please complete the form and return to Legacy Preparatory Academy.

Physician's signature is required

Name of Student _____ Student's Age _____ Grade _____
(please print)

Section A

Does the student have a disability? Yes _____ No _____

If yes, describe the major life activities affected by the disability.

If yes, does the student have special nutritional or feeding needs? Yes _____ No _____

If yes, complete Section C and Section D

(Completion of this section will require a meeting between the parent, the Student Nutrition Manager and the School Nurse)

Section B

If the student does not have a disability, does he/she have special nutritional or feeding needs? Yes ____ No ____

If yes, complete Section C and Section D

Section C

Provide the diet prescription: (attach a list of foods to be omitted and/or substituted, if needed)

List foods that need to be modified in texture. If all foods need to be prepared in this manner, indicate "all".

Chopped _____

Ground _____

Pureed _____

Add any other comments regarding the student's eating or feeding patterns.

List any food allergies to avoid.

Section D

Parent's Signature

Phone Number

Date

I certify that the above named student needs special school food as described above,

Physician's Signature

Office Number

Date

For School Use Only

Date Entered _____

Manager's Signature _____

(From must be maintained on file for the current school year)