

# Alabama School of Fine Arts Diet Prescription for Meals at School



Date:

Name of Student:

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*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
- Increased Calorie
- Other (Describe) \_\_\_\_\_
- Reduced Calorie
- Modified Texture

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

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

**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.

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Physician/Recognized Medical Authority Signature      Office Phone #      Date

\*It is recommended that the diet prescription be renewed annually.