



**LOUISIANA SCHOOLS FOR THE DEAF and VISUALLY IMPAIRED**

This form is to report if your child has a doctor's diet order or if your child has a food allergy.  
RETURN ALL FORMS TO THE SCHOOL TO FOOD SERVICE DEPT.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Which school does student attend? \_\_\_\_\_ LSD \_\_\_\_\_ LSVI  
 Parent's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**DOES STUDENT HAVE A DOCTOR'S DIET ORDER OR A FOOD ALLERGY?**

\_\_\_\_\_ **NO** (If no, do not complete form) \_\_\_\_\_ **YES** (complete entire form)

Does the student have a disability that requires a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, describe the major life activities affected by the disability.

\_\_\_\_\_ If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.  
 \_\_\_\_\_

**Diet Prescription (Check all that applies.):**

- Diabetic  Increased Calorie \_\_\_\_\_ #kcal
- Food Allergy  Reduced Calorie \_\_\_\_\_ #kcal
- Hypoglycemic  Texture Modification:  Chopped  Ground  Pureed  Liquefied
- PKU  Tube Feeding:  Liquefied Meal  Formula
- Other \_\_\_\_\_

**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:**  Meat and Meat Alternatives  Milk and Milk Products  
 Bread and Cereal Products  Fruits and Vegetables

**Specific Foods to Omit:** \_\_\_\_\_

**Specific 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.

Office Address \_\_\_\_\_ Office Telephone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup>Licensed Physician/Recognized Medical Authority Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Signature of Licensed Physician/Recognized Medical Authority required if the student is disabled.

# 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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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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School use only: JPAMS entered on \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_