



Return To:
Susquehanna Valley CSD
Food Service Department
1040 Conklin Rd., PO Box 200, Conklin, NY 13748
Attn: Sandra Travis

DIET PRESCRIPTION FOR MEALS AT SCHOOL

Name of Student: School: Grade

Disability or Medical Condition:

Metabolic/Autoimmune Diseases

- Celiac Disease (Gluten Allergy) Diabetes (circle one: type I or type II)
Other:

Food Allergies/Intolerances

- Egg Fish Peanut Shellfish Tree Nut Soy Wheat
Milk Lactose Intolerance Other:

Is this condition permanent or temporary? Permanent Temporary

If temporary, please give length of time instructions are to be followed with explanation:

Diet Prescription: (Check all that apply)

- Celiac Disease (Describe)
Diabetes (Describe)
Allergies (Describe)
Other (Describe)

Foods Omitted:

Substitutions: Specified Substitutions:

Substitutions as per BOCES Registered Dietitian

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's Signature Office Phone Number Date

Print Physician's Name

Address

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