BROOME•TIOGA boces
Enriching Lives Through Education

Return To:
1 North Loder Ave., Endicott, NY 13760
Food Services Department
(607) 766-3926

DIET PRESCRIPTION FOR MEALS AT SCHOOL

Name of Student: _____ **School:** _____ Grade_____

Disability or Medical Condition:

Metabolic Diseases
□ Celiac Disease (Gluten Allergy) □ Diabetes (circle one: type I or type II)
□ Other: _____

Food Allergies
□ 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

Return to Julie Raway, MPH, RDN, CDN, SNS, BOCES Food Services, 1 North Loder Ave., Endicott, NY 13760