

Memphis-Shelby County Schools
Division of Nutrition Services
Diet Prescription Form

PART A: STUDENT INFORMATION
PARENT OR GUARDIAN MUST COMPLETE. PLEASE PRINT.

Student's Name: Last / First / Middle Initial		Date of Birth:	
Parent/Guardian Name(s):	Email Address:	Telephone Number:	
Name of School:		School Year:	Grade:
Does the child have a physical or mental impairment that substantially limits 1 or more major life activity?		YES	NO
If Yes, describe the major life activity (activities) affected by the disability.			
Does the child have special nutritional or feeding needs? If Yes, Part B of this form must be completed and signed by a licensed health care professional. (Food preferences do not count as special nutritional needs)		YES	NO
If the child does not have a physical or mental impairment, does the child have special nutritional or feeding needs? If Yes, Part B of this form must be completed and signed by a licensed health care professional.		YES	NO

PART B: DIETARY NEEDS
LICENSED HEALTH CARE PROFESSIONAL MUST COMPLETE. PLEASE PRINT.

What prevents the child from participating in the regular school meal program?
List any dietary restrictions or special diet(s).
List any allergies or food intolerances to avoid.

List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."			
Cut up or chopped into bite sized pieces:			
Finely Ground:			
Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Meals or snacks to be eaten at school: (Circle all that apply)			
Breakfast	Lunch	Snack	Supper
Parent's Signature			Date:
Physician or Medical Authority's Signature			Date:

Please forward a copy to Emily Faquin, MS, RD at faquine@scsk12.org or Lee Floyd, MS, RDN at floyde@scsk12.org or Kim Stewart, MS, RD, SNS at stewartkj@scsk12.org
 Central Nutrition Center,
 3176 Jackson Ave. Memphis, TN 38112

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