

# Cedar Rapids Community Schools

## Diet Prescription Form

### PART 1

Student Name:	Parent/Guardian Name:
Date of Birth:	Address:
School Attending:	
Grade:	Telephone:

**PART 2 - Must be completed by an approved medical professional. In Iowa this includes a Registered Dietitian, or a "medical authority" that is authorized by state law to write medical prescriptions. (MD, DO, PA, ARNP, DDS, RD)**  
Only diet modifications supported by the signature of an approved medical professional can be implemented.

**Diet Prescription:** In addition to below, complete PART 3 on reverse side to describe level of sensitivity/tolerance to food item(s). (check all that apply)

- ☐ Food Allergy (describe): \_\_\_\_\_  
Food Anaphylaxis ☐
- ☐ Food Intolerance (describe): \_\_\_\_\_
- ☐ Other (describe): \_\_\_\_\_
- ☐ Diabetic Diet (attach meal plan)
- ☐ Modified Texture - Use International Dysphagia Diet Standardisation Initiative (IDDSI) terminology  
Foods: ☐ Regular ☐ Easy to chew ☐ Soft & bite-sized ☐ Minced & Moist ☐ Pureed ☐ Liquidised  
Liquids: ☐ Thin ☐ Slightly thick ☐ Mildly thick ☐ Moderately thick ☐ Extremely thick  
Special Feeding Equipment: ☐ Not Applicable ☐ Equipment needed: \_\_\_\_\_

**Omitted Food(s) and Substitutions:** List the specific food(s) to be omitted and food(s) that may be substituted.  
See reverse side for specific food descriptions based on sensitivity level.

Omitted Food(s)

Substitution(s)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the medical need related to the diet order and major life activity affected. (*Example: Allergy to peanuts affects ability to breathe.*)

\_\_\_\_\_

Explain what must be done to accommodate the medical need:

\_\_\_\_\_

**I certify that the above named student requires special accommodations as described on front & back of form.**

Medical Professional: \_\_\_\_\_

Name (Print or Type)

Title

Signature of Medical Professional

Telephone Number

Date

**Consent to release information on this form between school personnel & the child's health care provider.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ Check here if parent requests no cafeteria accommodations and/or wishes to supply substitute foods. For safety, supplied food(s) cannot be stored or prepared in district kitchens.

**PART 3 - Must be completed by an approved medical professional. In Iowa this includes a Registered Dietitian, or a “medical authority” that is authorized by state law to write medical prescriptions. (MD, DO, PA, ARNP, DDS, RD)**

☐ Checking here indicates the Medical Professional chooses **not** to use this side of the form, making any documentation below obsolete.

**Please check the box in front of the food groups that should NOT be served.**

Our priority is student safety; with a goal to provide the least restrictive & well-rounded meal possible.

**Lactose/milk – Do not serve the following checked items:**

- ☐ Fluid Milk to drink
- ☐ Milk based desserts such as: ice cream and pudding
- ☐ Yogurt
- ☐ Cheese
- ☐ Butter or Margarine
- ☐ Milk in products such as: breads, mashed potatoes, cookies or graham crackers

**Soy - Do not serve the following checked items:**

- ☐ Protein products extended with soy
- ☐ Processed items cooked in soy oil
- ☐ Food products with soy as one of the first three ingredients
- ☐ Food products with soy listed as the fourth ingredient or further down the list

**Egg - Do not serve the following checked items:**

- ☐ Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold
- ☐ Eggs baked into products such as breads or muffins

**Shellfish or fish – Do not serve the following checked items:**

- ☐ Specific fish or seafood type: \_\_\_\_\_

**Peanuts – Do not serve the following checked items:**

- ☐ Peanuts, individually or as an ingredient
- ☐ Foods containing peanut oil
- ☐ Foods items identified as manufactured in a plant that also handles peanuts

**Tree nuts – Do not serve the following checked items:**

- ☐ Specify type(s): \_\_\_\_\_
- ☐ Foods items identified as manufactured in a plant that also handles nuts

**Grains– Do not serve the following checked items:**

- ☐ Foods containing wheat
- ☐ Foods containing gluten
- ☐ Other: \_\_\_\_\_

**Sesame– Do not serve the following checked items:**

- ☐ Foods containing sesame

**Additional Considerations:**

\_\_\_\_\_  
Signature of Medical Professional

\_\_\_\_\_  
Date

This institution is an equal opportunity provider.