

## School Board

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**General Manager  
Student Nutrition Services**  
MaryKate Harrison, PhD, R.D.

Dear Parents,

The Student Nutrition Services Department strives each day to offer healthy, well balanced meals to over 180,000 students. Breakfast is offered to all children, free of charge. Lunch is a great value at \$2.25 for elementary students and \$2.75 for middle and high school students. We offer a variety of entrées and side dishes each day to accommodate varying food preferences.

To accommodate students that may have special dietary needs due to handicaps, disabilities and/or food allergies, including but not limited to wheat, eggs, soy, fish, shellfish, milk, peanuts, and other tree nuts, the Student Nutrition Manager can make substitutions in meal choices. In order for a manager to make any changes, we must have a completed *Diet Prescription For Special Meals* form (see attached). Simply complete the form with a signature by the student's physician, or attach a signed physician's prescription form and return to the Student Nutrition Manager at your child's school site. Once the form is completed and returned, the Student Nutrition Manager will schedule a meeting with the student's parent and teacher to discuss the Diet Prescription and the substitutions/modifications necessary to accommodate the student. One form per student must be completed for each school year to keep our records up to date.

If you have any questions about this procedure, please do not hesitate to call your Student Nutrition Manager. We look forward to continuing to serve your child!

HILLSBOROUGH COUNTY STUDENT NUTRITION SERVICES  
DIET PRESCRIPTION FOR SPECIAL MEALS FORM  
SCHOOL YEAR 2011-2012

Please complete the form and return to the Student Nutrition Manager at your child's school site  
Physician's signature is needed

Name of Student \_\_\_\_\_ Student's Age \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**Section A**

Does the student have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the major life activities affected by the disability.

If yes, does the student have special nutritional or feeding needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete Section C and Section D.

(Completion of this section will require a meeting between the parent, the Student Nutrition Manager, and the School Nurse)

**Section B**

If the student does not have a disability, does he/she have special nutritional or feeding needs?

Yes \_\_\_ No \_\_\_

If yes, complete Section C and Section D.

**Section C**

Provide the diet prescription: (attach a list of foods to be omitted and/or substituted, if needed)

List foods that need to be modified in texture. If all foods need to be prepared in this manner, indicate "all".

Chopped

Ground

Pureed

Add any other comments regarding the student's eating or feeding patterns.

List any food allergies to avoid.

**Section D**

Parent's Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

I certify that the above named student needs special school food as described above,

Physician's Signature \_\_\_\_\_ Office Number \_\_\_\_\_ Date \_\_\_\_\_

**For School Use Only**

Date Entered into FastLane \_\_\_\_\_ Manager's Signature \_\_\_\_\_

(Form must be maintained on file for the current school year)