Tarrant City Child Nutrition Program Diet Prescription for Meals at School

LEA:	School Attended by Student:				
Information below to be com	pleted by recogi	nized medica	al authority.		PORCHER LAND
Disability or medical special diet. Include a student's disability.	condition brief descrip	that req	uires the stu major life acti	ident to have a vity affected by the	·
Diet Prescription (Check all	that apply)			gran ³	
Diabetic		□ Reduced Calorie		•	
□ Increased Calorie		□ Modified Texture			
□ Other (Describe) _			**************************************		
Foods Omitted (Please check	k food groups to	be omitted	.)		
□ Meat and Meat Alternates □ Milk and Milk Products					
□ Bread and Cereal Products □ Fruits & Vegetables			Vegetables		
Other (Describe)	ACT TO CASE OF PARTY AND ADDRESS OF THE PARTY	Talland and the second constraints			
Substitutions (Please provide	suggested subst	titutlons for	omitted foods or a	ttach information.)	
Textures Allowed (Check the	allowed texture Chopped		Ground	□ Purced	
Other Information Regardi	ng Diet or Fee	ding (Please	provide additiona	l information on the ba	ck of this form or
I certify that the above name student's disability or chronic			ol meals prepared	as described above bed	ause of the
Physician/Recognized Medic	al Authority Sig	gnature	Office Phone #	Date	