

MESIVTA  
of  
GREATER  
LOS ANGELES

**Request for Food Substitutions at School**  
Food Intolerances or Simple Allergies

Rev. 9/30/2013

Children without disabilities, but with special dietary needs requiring food substitutions or modifications, **may** request that the school food service meet their special nutrition needs.

✓ The school food authority will decide these situations on a case by case basis. Documentation with accompanying information must be provided by a recognized medical authority.

✓ This form is not intended to accommodate personal preferences.

**PARENT/GUARDIAN: PLEASE COMPLETE ITEMS # 1-7.** Print name, sign, date, take to Medical Authority, and return to the school Office for Processing.  
menus (and substitutions) are subject to change due to product availability.

1. Student's Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_ 3. Grade: \_\_\_\_\_ 4. School: \_\_\_\_\_  
4. Home Phone #: \_\_\_\_\_ 5. Daytime Phone #: \_\_\_\_\_ 6. Other Phone: \_\_\_\_\_  
7. Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL AUTHORITY (MD, PA, RN, RT, SLP) PLEASE COMPLETE:**

8. Does the student have a disability, medical condition, or severe food allergy/anaphylaxis warranting a special diet?

Check one box:  Yes If "yes", STOP and complete Physician's Rx for Special meals at School  
 No If "no", complete this form

9. Please indicate the Food Allergy or Intolerance:

10. Indicate food(s) to omit:  
 If lactose intolerant, check here.  
 If gluten Intolerance, check here.  
 Other

11. Suggested Substitutions:  
 Lactose Intolerant, substitute water for milk  
 Lactose Intolerant, substitute juice for milk  
 Milk in foods Permitted.  
 Other

12. Medical Authority's Name: \_\_\_\_\_  
13. Registration/License #: \_\_\_\_\_  
14. Medical Authority's Signature: \_\_\_\_\_  
15. Date: \_\_\_\_\_ 16. Phone #: \_\_\_\_\_

17. Office Stamp (if applicable):

## ***For Official Use Only***

### **Special Diet Processing Procedure:**

#### **School Nurse**

**In the event that a district nurse (RN) receives this request, please complete items # 17-20 and add any comments below. Sign & date this form. Send to Box 810, Registered Dietitian Nutritionist (RDN).**

17. School:  18. School Nurse:   
19. School Phone # :  20. School Fax # :   
Nurse signature:  Date:

Comments:

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Date Prescription routed to Nutrition Services Dietitian:

Date Prescription/Intake Form filed in Health Cum. File:

#### **Nutrition Services**

Nutrition Services supervisory staff develops a menu and corresponding recipes for schools. Nutritional data is collected for each item served. This data is entered into nutrition analysis software from which carbohydrate counts are derived. Carbohydrate Counts are posted to our website.

#### **Nutrition Services Staff/Dietitian**

Nutrition Services prepares nutritional data of menus. Upon receiving a Prescription form, Nutrition Services develops a special diet; documenting the processing sequence on the Special Diet Roster.

Special diets and the MD request forms are printed for each of the sites where Nutrition Services provides meals. An updated roster and packet of diets are sent to each of the sites for inclusion in the Special Diet Binders for easy reference. Instructions for use of the diets and maintenance of the binders is included.

Diets and MD request forms are scanned and e-mailed to the Nursing staff for inclusion in the "N" Drive.

The appropriate Nutrition Area Supervisor may hand-deliver specific diets to the kitchen staff (and to the Child Development teacher, as appropriate) as the diet is completed to expedite communication. These diets will also be included in the next batch printed and distributed to our sites and to the Nurses.