



## Binghamton City School District

### DIET PRESCRIPTION FOR MEALS AT SCHOOL PROTOCOL



Purpose: The Diet Prescription for Meals at School Form is used for students with special dietary needs involving school food service. Without this form fully completed by a licensed Health Care Provider, a dietary request for a student may not be fulfilled.

**If the form is not returned, the allergy is not listed on the food service computer and the cafeteria staff will not be alerted when the student comes through the cafeteria line. This could lead to unnecessary exposure to an allergen.**

After the form is completed by the Health Care Provider and returned to the Health Office at your child's school or have your Health Care Provider fax the form to the Health Office, the order does not need to be renewed on a yearly basis unless there are changes to the student's diet. Once the school receives the request, it will be forwarded to the BOCES dietitian.

If you have questions regarding the form, please call either your school or BOCES at 607.766.3937 or email [jraway@btboces.org](mailto:jraway@btboces.org).



**Binghamton City School District**  
**DIET PRESCRIPTION FOR MEALS AT SCHOOL**



**Name of Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Disability or Medical Condition:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Metabolic Diseases:**

Celiac Disease (Gluten Allergy)       Diabetes (circle one: Type I or Type II)  
 Other: \_\_\_\_\_

**Food Allergies:**

Egg       Fish       Peanut       Shellfish       Tree Nut       Soy       Wheat       Milk  
 Lactose Intolerance       Other: \_\_\_\_\_

**Diet Prescription:** (Check all that apply)

Celiac Disease (Describe): \_\_\_\_\_  
 Diabetes (Describe): \_\_\_\_\_  
 Allergies (Describe): \_\_\_\_\_  
 Other (Describe): \_\_\_\_\_

**Foods Omitted:** \_\_\_\_\_

**Substitutions:**       Specified Substitutions \_\_\_\_\_  
 Substitutions as per BOCES Registered Dietitian

**Other Information Regarding Diet or Feeding:** Please provide additional information on the back of this form or attach to this form.

I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician's Signature	Office Phone	Date
Printed Physician's Name	Address	

Return to Julie Raway, RD, CDN, BOCES Food Service; 254 Robinson St, Binghamton, NY 13904