



*Return To:*  
Binghamton City School District  
Food Services Department  
31 Main Street  
Binghamton, NY 13905

**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: \_\_\_\_\_

Is this condition permanent or temporary?  Permanent  Temporary  
If temporary, please give length of time instructions are to be followed with explanation:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**Substitutions:**  Specified Substitutions: \_\_\_\_\_  
\_\_\_\_\_

**Other Information Regarding Diet or Feeding:** (Please attached any further information 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 Number \_\_\_\_\_ Date \_\_\_\_\_

Print Physician’s Name \_\_\_\_\_

Address \_\_\_\_\_

**Please return completed form to:**  
Annie Hudock, Food Services Director  
Binghamton City School District  
31 Main Street  
Binghamton, NY 13905