

Mount Pleasant Standard Based Middle School

Ms. Yolonda Waitress, Principal

1906 North Rome Avenue
Tampa, Florida 33607
Ph: (813) 253-0053
Fax: (813) 253-0182
www.mpmiddleschool.net

Dear Parent/Legal Guardian,

The Student Nutrition Services Department strives each day to offer healthy well-balanced meals to our students. Breakfast is offered to all students free of charge, and regular lunch is a great value at \$2.50 for middle school students.

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 the 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 attached a signed physician's prescription form and return to the school. Once the form is **returned** with physician's signature, the substitutions/modifications necessary to accommodate the student will be made. One form per student must be completed for each school year.

Substitutions for students that require non-medically certified dietary needs such as religious and/or cultural beliefs will be made when possible.

Attachment

Diet Prescription for Special Meals Form

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DIET PRESCRIPTION FOR SPECIAL MEALS FORM SCHOOL YEAR 2009-2010

Please complete the form and return to Mt. Pleasant Middle School.

Physician's signature is required

Name of Student _____ Student's Age _____ Grade _____
(please print)

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 _____

Manager's Signature _____

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