SCIENCE ACADEMIES OF NEW YORK CHARTER SCHOOLS

CITIZENSHIP & SCIENCE ACADEMY OF SYRACUSE

A COLLEGE-PREPARATORY CHARTER SCHOOL

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? _____

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 provide additional information on the back of the 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 Number Date

_____

Print Physician's Name

_____

Address

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