

SCHOOL TOWN OF MUNSTER
Nutrition & Food Service Department
8616 Columbia Ave., Munster, IN 46321
219-836-3204

Dear Parents:

USDA has ruled that water or juice is no longer permitted as a milk substitution. **Lactose free, unflavored, fat free milk will be substituted.**

USDA and the National School Lunch Program require that we have a doctor complete a Dietary Prescription form attached below. Meal substitutions, where possible, based on the dietary order will be made in the cafeteria. Substitutions cannot be made without this form completed and signed by the student's physician.

Completed forms must be returned to the school nurse's office. These forms will be shared with the Nutrition Services Department. We care about your child's health and your help is vital in the lives of children with food allergies and/or disabilities.

Sincerely,
Food & Nutrition Services

DIET PRESCRIPTION FOR MEALS AT SCHOOL

*If your child follows doctor's orders for a food allergy or disability please fill out this form. This form **MUST** be on file with the school. Reasonable changes will be made if applicable.*

Student's Name _____ School _____
Age _____ Grade _____ Parent/Guardian _____
Food Allergy or Necessary Diet Change: _____

Foods to Omit:

Food Substitution: (additional space on back)

I certify that the above named student needs special school meal preparations as described above because of a medical condition.

Physician/Recognized Medical Authority Signature

Date

Name of Physician (Printed): _____

Physician's Address: _____

Physician's Telephone: _____