



CHILD NUTRITION PROGRAM

3000 North Sherwood Forest Drive, Bldg. A Baton Rouge, Louisiana 70814 PHONE (225) 226-3624

EAST BATON ROUGE PARISH SCHOOL SYSTEM CHILD NUTRITION PROGRAM DIET PRESCRIPTION FOR MEALS AT SCHOOL

Student's Name	_Age	Date of Birth	
School		Grade/Classroom	
		_Telephone cell ()	
Address		Telephone home () <u>368 TET TET@0.00000912 0 612 79</u> 2 reW* Telephone work ()	ıΒT
City	State	eZip Code	
School Nurse	Office#:	Fax #	
Does the student have a disability that requires a special	l diet?	Yes No	
If yes, describe the major life activities affected by the o	lisability.		

If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

Prescription (Check all that apply):

() Diabefin14000009q0.00000912 0 612 792 reW*nBT/F3 9.48 Tf1 0 0 1 120.02 404.95 Tm0 G3 n1q0.00000910.0000091f1F

Definition of Disability

Definitions

As used in this part, the term or phrase:

(I) *Student with disabilities* means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes;

⁽j) *Physical or mental impairment* means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: