Diet Modifications for Meals for Children or Adults with a Diagnosed Food Allergy or Disability

Name of Child/Adult Participant:_____

Diagnosis of ***disability*** **or** ***food allergy*** that requires a diet modification*:

_____

Include a brief description of the major life activity affected by the condition: _____

_____

_____

FOODS TO BE *OMITTED* and *SUGGESTED SUBSTITUTIONS*:
Please check the food group(s) to be omitted. List specific foods to be omitted and suggest substitutions.
Use the back of this form or attach additional information as needed.

FOODS TO OMIT	SUGGESTED SUBSTITUTIONS
( ) Milk/Dairy Products _____	_____
( ) Eggs/Egg Products _____	_____
( ) Wheat/Wheat Products_____	_____
( ) Soy/Soy Products _____	_____
( ) Peanuts _____	_____
( ) Tree Nuts _____	_____
( ) Fish _____	_____
( ) Shellfish _____	_____
( ) Other _____	_____

TEXTURE REQUIRED:
( ) Regular ( ) Chopped ( ) Ground ( ) Pureed

Other detailed information regarding diet or feeding:

_____

_____

I certify that the above named individual needs diet modifications as described above because of the specified disability or life-threatening food allergy:

_____ _____ _____
Signature of Physician or Other Licensed Medical Professional **Office Phone** **Date**

_____
Printed Name of Physician or Other Licensed Medical Professional

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I understand that if medical needs change, it is my responsibility to notify the school/child care/adult day care provider and to submit an updated Diet Modification Form. I give my permission to share the information on this form with the individuals who take part in the care of the above named individual.

_____ _____ _____
Participant/Parent/Guardian's Signature **Phone No.** **Date**

*The Americans with Disabilities Act defines *disability* as "a physical or mental impairment that substantially limits one or more major life activities" of an individual.

Adapted from the Handbook for Children with Special Food & Nutrition Needs – NFSMI Item #ET69-06
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Reset Form