



# Food & Nutrition Services Department

## ANNUAL MODIFIED MEAL REQUEST

Please complete and turn into your school office or school nurse. Once received it will be sent to the FNS Department and you will be contacted by them.



### TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

My child will require a menu modification at the following:  Breakfast  Lunch

**I understand it is my responsibility to renew this form before each school year and any time my child's medical or health needs change.**

\_\_\_\_\_  
Parent/Guardian Name PRINTED

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date

### TO BE COMPLETED BY MEDICAL AUTHORITY

The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance)

Food To BE OMITTED from diet\* (check appropriate boxes below)

- Milk** – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey.
- Fluid Milk** – Milk to drink
- Peanuts** – Peanuts, Peanut Butter, Peanut oil.
- Tree Nuts** – Almonds, hazelnuts, and cashews.
- Wheat** – Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient.
- Gluten** – Wheat, rye, barley, and non-certified oats.
- Fish** – Fin-fish such as cod and tilapia
- Shellfish** – Shrimp and crab
- Egg** – Visible egg in a dish such as an omelet
- Egg Ingredients** – Visible egg in a dish and egg as an ingredient
- Soybean** – Food items such as Textured Soy Protein (TSP), Textured Vegetable Protein (TVP), tofu, and whole soybeans (edamame).
- Soybean Ingredients** – TSP, TVP, soy protein concentrate, soy protein isolate, soy sauce, soy flour, unrefined soy bean oil, tofu, and whole soybeans (edamame)
- Other** - \_\_\_\_\_

*\*Examples of individual food allergens provided are not all-inclusive, other foods may apply.*

#### Food Allergen Management Plan

What are the student's possible reactions to the indicated allergen(s) or conditions?

\_\_\_\_\_

**REQUIRED** List all acceptable safe food substitutes:

\_\_\_\_\_

Additional \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Prescribing Physician/Medical Authority Name Printed

\_\_\_\_\_  
Prescribing Physician/Medical Authority Signature

### FNS NOTES