

## Food & Nutrition Services Department ANNUAL MODIFIED MEAL REQUEST FORM

TO BE COMPLETED BY PARENT OR GUARDIAN	
Name of Student (Last, First):	
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)	
<ul> <li>Milk – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey.</li> <li>Fluid Milk – Milk to drink</li> <li>Peanuts – Peanuts, Peanut Butter, Peanut oil.</li> <li>Tree Nuts – Almonds, hazelnuts, and cashews.</li> <li>Wheat – Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient.</li> <li>Gluten – Wheat, rye, barley, and non-certified oats.</li> <li>Fish – Fin-fish such as cod and tilapia</li> <li>Shellfish – Shrimp and crab</li> <li>Egg – Visible egg in a dish such as an omelet</li> <li>Egg Ingredients – Visible egg in a dish and egg as an ingredient</li> <li>Soybean – Food items such as Textured Soy Protein (TSP), Textured Vegetable Protein (TVP), tofu, and whole soybeans (edamame).</li> <li>Soybean Ingredients – TSP, TVP, soy protein concentrate, soy protein isolate, soy sauce, soy flour, unrefined soy bean oil, and tofu.</li> <li>Other -</li> <li>**Examples of individual food allergens provided are not all-inclusive, other foods may apply.</li> </ul>	
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	