Glen Ellyn School District 41 MODIFIED LUNCH MENU REQUEST FORM

Child's Name: Sch	ool:	Grade:
Mark one of the following and fill out appropriate information, sign and date:		
My child has a severe life-threatening allergy and requires menu modification and/or substitution (requiring physician signature)		
All sections below must be completed by a place Child's condition requiring menu modification and/or substitution Explanation of why the condition affects the child's diet:	hysician *Information must b	e updated annually*
The food or foods to be omitted from the diet:		
The food or foods that must be substituted or modified:		
Licensed Physician Signature Print Physician Signature		
Date Physician Phone Number		
My child has a food intolerance or has modified food preferences based on cultural/religious needs, I am <u>requesting</u> a modified menu		
The food or foods to be omitted from the diet:		
Parent Name – Please Print	Print Parent Signature	
Date Food Service	Parent Phone Number	

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Request for Alternate Menu Process

- Completed forms are returned to the School Office
- Office staff forward completed forms to District 41 Food Service Supervisor
- District 41 Food Service Supervisor forwards completed forms to D15 Food Service Director
- D15 Food Service Director reviews form and contacts parent to establish alternate meal delivery process
 - There will be standard menus for all students with similar conditions. The menu will not be customized by student
 - If parent will have child eating meal every day, then a meal will be delivered to the school for the student
 - o If parent wants to have child eating meal occasionally, parent is to fill out dates on a monthly basis on Modified Lunch Menu and submit to Food Service Director thru email.
 - Copy of form sent to School Health Office after Food Service Director determines alternate menu process with parent