

**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**