

**Glen Ellyn District 41
Food & Nutrition Services Department
ANNUAL MODIFIED MEAL REQUEST FORM**



TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): _____

School: _____ Grade: _____ Parent/Guardian Phone: _____

Parent/Guardian Name: _____ Email: _____

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, and tofu.
- 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?

Prescribing Physician/Medical Authority Name Printed

Prescribing Physician/Medical Authority Signature

FNS NOTES
