



## 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:		
My child will require a menu modification at the following:		-
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.		
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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)		
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Food To BE OMITTED from diet* (check appropriate boxe		
Milk – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey.		
Fluid Milk – Milk to drink		
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.		
☐ <b>Fish</b> – 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		
□ <b>Soybean</b> – Food items such as Textured Soy Protein (TSP), Textured Vegetable Protein (TVP), tofu, and whole soybeans (edamame).		
☐ Soybean Ingredients – TSP, TVP, soy protein con	ncentrate, soy protein isolate, soy sauc	e, 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?	
<b>REQUIRED</b> List all acceptable safe <u>food substitutes</u> :		
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Additional Comments:		
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Prescribing Physician/Medical Authority Name Printed	Prescribin	g Physician/Medical Authority Signature
FNS NOTES		