

**Diet Modification Request for Foods Served Through
Child Nutrition Programs of **insert district or school name****

Student's Name: _____ Birth date: _____
District and/or school/site: _____
Parent/Guardian Name: _____ Phone: _____

Does the patient have a disability as defined in Section 504 of the Rehabilitation Act of 1973 of the Americans with Disability Act and updates?

YES = Disability-To be completed by licensed physician (In Iowa this includes: M.D., D.O., or Chiropractor)

Federal regulations governing the Child Nutrition Programs provide that schools/districts **must** make substitutions in meals for students who are considered to have a disability as defined by the Americans with Disability Act and whose disability restricts their diet when supported by a statement signed by a physician licensed by the state which includes all information in questions a and b below.

a. **Must** identify: 1) the impairment/diagnosis that is a disability, 2) the major life activity affected, and 3) why it alters the student's diet:

b. What diet modifications are needed? (e.g., texture changes and/or food item substitutions)
Must identify any foods to be omitted: (see back of page) **Must** identify foods to be substituted/added

Signature of Licensed Physician: _____ Date: _____
Please print name: _____

NO = Medical condition, but not a disability – To be completed by recognized medical authority

A school/district, **at its discretion**, may make menu substitutions with a signed statement from a medical authority for a student who is not disabled but is unable to consume food items because of food intolerances or allergies.

a. Please identify the medical or other special dietary condition including intolerances and allergies that alters the student's diet:

b. What diet modifications are requested? (e.g., texture changes and/or food item substitutions)
List any foods to be omitted: (see back of page) Foods to be substituted/added

Signature of Medical Authority: _____ Date: _____
Please print name: _____

Questions? Please contact **insert person's name at **insert email and/or phone number**.
Please return this form to the school Nurse or office to be forwarded to **Child Nutrition/Food Service Department**.**

To be kept on file in the Child Nutrition Services Office.
Date received by Child Nutrition: _____ Date discontinued: _____ (Attach documentation)

**Some common allergens with various ways they are found in foods.
Please check the box in front of food groups that should NOT be served:**

Lactose/milk – Do not serve the following checked items:

- Fluid Milk to drink or use on cereal
- Milk based desserts such as: ice cream and pudding
- Hot entrees with cheese as a prime ingredient such as: grilled cheese, cheese pizza, or macaroni & cheese
- Cheese baked in products such as: a casserole or on meat pizza
- Cold cheese such as: string cheese or sliced cheese on a sandwich
- Milk in products such as: breads, mashed potatoes, cookies or graham crackers

SERVE THESE ITEMS INSTEAD:

¼ cup of fluid milk to be used on cereal? yes no

Soy - Do not serve the following checked items:

- Protein products extended with soy
- Processed items cooked in soy oil
- Food products with soy as an ingredient no matter where on the ingredient list
- Food products with soy listed as the fourth ingredient or further down the list

SERVE THESE ITEMS INSTEAD:

Egg - Do not serve the following checked items:

- Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold
- Eggs used in breading or coating of products
- Baked products with eggs such as breads or desserts

SERVE THESE ITEMS INSTEAD:

Shellfish or fish – Do not serve the following checked items:

Specific fish or seafood type: _____

SERVE THESE ITEMS INSTEAD:

Peanuts – Do not serve the following checked items:

- Peanuts, individually or as an ingredient
- Foods containing peanut oil
- Foods items identified as manufactured in a plant that also handles peanuts

SERVE THESE ITEMS INSTEAD:

Tree nuts – Do not serve the following checked items:

- Specify type(s): _____
- Foods items identified as manufactured in a plant that also handles nuts

SERVE THESE ITEMS INSTEAD:

Milk substitution for non-disability reasons (For a disability, the licensed physician must sign on front)

A school/district, at its discretion, may make a **nutrient equal substitution** with a signed statement from a parent or medical provider for a student who is unable to consume fluid milk for any reasonable request that does not rise to a level of a disability.

_____ I request a substitute for fluid milk for my student.

Parent signature: _____ Date: _____

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