**Diet Modification Request for Foods Served Through**

**Child Nutrition Programs of Clear Lake Community Schools**

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 Lora Jenson at** [**ljenson@clearlakeschools.org**](mailto:ljenson@clearlakeschools.org) **or 1-641-357-5288.**

**Please return this form to the school Nurse or office to be forwarded to Food & Nutrition Department.**

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**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:* SERVE THESE ITEMS INSTEAD:**

* Fluid Milk to drink or use on cereal ¼ cup of fluid milk to be used on cereal? \_\_yes \_\_no
* 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

**Soy -** ***Do not serve the following checked items***: **SERVE THESE ITEMS INSTEAD:**

* 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

**Egg -** ***Do not serve the following checked items:* SERVE THESE ITEMS INSTEAD:**

* 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

**Shellfish or fish – *Do not serve the following checked items:* SERVE THESE ITEMS INSTEAD:**

* Specific fish or seafood type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Peanuts – *Do not serve the following checked items:* SERVE THESE ITEMS INSTEAD:**.

* Peanuts, individually or as an ingredient
* Foods containing peanut oil
* Foods items identified as manufactured in a plant that

also handles peanuts

**Tree nuts – *Do not serve the following checked items:* SERVE THESE ITEMS INSTEAD:**.

* Specify type(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Foods items identified as manufactured in a plant that

also handles nuts

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