**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** **or 1-641-357-5288.**

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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 1(866)632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact the USDA through the Federal Relay Service at 1(800)877-8339 or 1(800845-6136 (Spanish). USDA is an equal opportunity provider and employer.

It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.7 and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; web site: http://www.state.ia.us/government/crc/index.html.