

**2016-17 Diet Modification Request Form
Norwalk School District, Nutrition Services Programs**

Description: The United States Department of Agriculture (USDA) reimburses schools for meals served to participants that meet USDA requirements. If a student needs to avoid specific foods for a medical reason, a prescribing licensed medical profession must document the diet modifications and sign this form.

Please complete this form and return to your student's school nurse or to the Nutrition Department at Eastview Middle School, 1600 North Avenue, Norwalk, IA 50211.

Student's Name: _____ Birth date: _____

School Attending: _____

Parent/Guardian Name: _____ Phone: _____

To be completed by physician or medical authority

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in meals for students who are considered to have a disability and whose disability restricts their diet when supported by a statement signed by a physician licensed by the state.

Does the patient have a disability as defined in Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act? If yes, describe the major life activity or functions affected by the disability (see link for definitions of disability http://www.eeoc.gov/laws/statutes/adaaa_info.cfm)

___ Yes ___ No

If YES:

a) Please identify the impairment/diagnosis that causes the student to require diet modifications (e.g. the metabolic disease, food anaphylaxis, etc.):

b) What diet modifications are needed?

If NO: Identify the medical or other special dietary condition that restricts the student's diet:

A school, 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.

Signature of Medical Professional

Date

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Parent/Guardian Signature: _____ Date: _____

(To document choices and for the permission to release information)

For our more common food intolerances please identify the specific foods to restrict or allow on the worksheet on the next page.

Dear Parent or Physician - To help us serve this diet modification at the appropriate level 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, mac & cheese or turkey tetrazzini.
- Cheese baked in products such as a casserole or on pizza
- Cold cheese – unheated 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:

- 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:

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

Seafood - Do not serve the following checked items:

- Fish
- Shrimp
- Other: _____

Peanuts – Do not serve peanuts and 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 nuts

Tree nuts – Do not serve the following checked items:

- All nuts
- Foods items identified as manufactured in a plant that also handles nuts

Wheat– do not serve the following checked items:

- Foods containing wheat
- Foods containing gluten
- Other: _____

FURTHER INFORMATION:

Parent/Guardian Signature

Daytime Phone Number:

Thank you for helping us better serve your student! Please return this form to your school Nurse or office to be forwarded to Nutrition Services, Eastview 8-9 Building, 1600 North Ave, Norwalk, IA 50211. If you have specific dietary concerns, please contact DeeAnna Serres, Nutrition Program Director at 515-981-9876.

While every effort will be made to provide safe dietary restrictions, Norwalk Community School's Nutrition Department will not 100% guarantee the food provided is allergen-free due to product substitutions and changes to various products by the manufacturers.

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