



2017-18 Diet Modification Request Form

Description: The United States Department of Agriculture (USDA) reimburses home day care providers, child and adult care centers, summer food service sponsors, schools, residential child care institutions, preschools and Head Start for meals served to participants that meet USDA requirements. The Child Nutrition Program, home provider or organization is listed below for meals served in their program. If a participant 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 Norwalk Nutrition Department at Eastview Middle School, 1600 North Avenue, Norwalk, IA 50211.

Participant's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian Name: _____

To be completed by a licensed prescribing medical professional.

| | |
|--|--|
| 1) Does the participant have a disability? No <input type="checkbox"/> Yes <input type="checkbox"/> (identify) | |
| 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) | |
| If yes, explain why the disability restricts the participant's diet: | |
| If no , identify the medical condition that does not rise to the level of a disability: | |
| 2) Food(s) or Formula to Omit: | Food(s) or Formula to Substitute: |
| | |
| | |
| 3) Texture Modifications: | |
| The back of this form includes additional descriptions No <input type="checkbox"/> Yes <input type="checkbox"/> | |

Licensed prescribing medical professional*: _____

Name (Print or Type)

Title

*In Iowa licensed prescribing medical professionals include Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP).

Signature of Medical Professional

Date

If the participant has a disability, the provider must offer to supply the food substitutions unless doing so would be a documented financial hardship. If the participant does not have a disability, the provider is not required to supply the food substitutions.

Parent/Guardian Signature: _____

(To document choices and for permission to release information)

Date:

USDA is an equal opportunity provider.

Developed by the Iowa Department of Education, Bureau of Nutrition and Health Services



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Check the box in front of food groups that should NOT be served and list the foods to be served instead.

| | |
|--|--|
| <p><u>Lactose/milk – Do not serve the items checked below:</u></p> <p><input type="checkbox"/> Fluid Milk to drink or on cereal ? ¼ cup of fluid milk to be used on cereal? ___yes ___no</p> <p><input type="checkbox"/> Milk based desserts such as ice cream and pudding</p> <p><input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza , or macaroni & cheese</p> <p><input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza</p> <p><input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich.</p> <p><input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers.</p> | <p>Serve these items instead:</p> |
| <p><u>Soy - Do not serve the items checked below:</u></p> <p><input type="checkbox"/> Protein products extended with soy</p> <p><input type="checkbox"/> Processed items cooked in soy oil</p> <p><input type="checkbox"/> Food products with soy listed as one of the first three ingredients</p> <p><input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list.</p> | <p>Serve these items instead:</p> |
| <p><u>Egg - Do not serve the items checked below:</u></p> <p><input type="checkbox"/> Cooked Eggs such scrambled eggs or hard cooked eggs served hot or cold</p> <p><input type="checkbox"/> Eggs used in breading or coating of products</p> <p><input type="checkbox"/> Baked products containing eggs such as breads or desserts</p> | <p>Serve these items instead:</p> |
| <p><u>Seafood - Do not serve the items checked below:</u></p> <p><input type="checkbox"/> Fish</p> <p><input type="checkbox"/> Shrimp</p> <p><input type="checkbox"/> Other: _____</p> | <p>Serve these items instead:</p> |
| <p><u>Peanuts – Do not serve the items checked below:</u></p> <p><input type="checkbox"/> Peanuts, individually or as an ingredient</p> <p><input type="checkbox"/> Foods containing peanut oil.</p> <p><input type="checkbox"/> Food items identified as manufactured in a plant that also handles peanuts</p> | <p>Serve these items instead:</p> |
| <p><u>Tree nuts – Do not serve the items checked below:</u></p> <p><input type="checkbox"/> All nuts</p> <p><input type="checkbox"/> Foods items identified as manufactured in a plant that also handles nuts</p> <p><input type="checkbox"/> Other: _____</p> | <p>Serve these items instead:</p> |
| <p><u>Wheat– do not serve the following checked items:</u></p> <p><input type="checkbox"/> Foods containing wheat</p> <p><input type="checkbox"/> Foods containing gluten</p> <p><input type="checkbox"/> Other: _____</p> | <p>Serve these items instead:</p> |

Thank you for helping us better serve your student! Please return this form to your school Nurse to be forwarded to the Nutrition Department, 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.