



2018-19 Diet Modification Request Form

Modifications are required by The United States Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR, part 15b define a person with a disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. **“Major life activities” are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. “Major life activities” also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.**

This form must be completed by a “medical authority” that is authorized by state law to write medical prescriptions: In Iowa this includes only Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician’s Assistants (PA), or Advanced Registered Nurse Practitioners (ARNP).

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) Describe the medical need related to the diet order and “major life activity” (see above) affected. *Example: Allergy to peanuts affects ability to breathe.*

2) Explain what must be done to accommodate the medical need:

Food(s) or Formula to Omit:

Food(s) or Formula to Substitute:

Complete the back to provide additional details

Modified Texture:

Not Applicable Chopped Ground Pureed

Modified Thickness of Liquids:

Not Applicable Nectar Honey Spoon or Pudding Thick

Special Feeding Equipment:

Not Applicable Equipment Needed: _____

(Example: large handled spoon, sippy cup, etc.)

Licensed prescribing medical professional*: _____

Name (Print or Type)

Title

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: _____ Date: _____

(To document choices and for permission to share with appropriate staff to make accommodations.)

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.