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 participating 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 professional must document the diet modifications and sign this form.

Please complete this form and return to your organization or provider: **Indianola Community School District**

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

Parent/Guardian's Name: _____

1) Does the participant have a disability? ❑ No ❑ Yes (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:
Infants must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.
The back of this form includes additional descriptions ❑ No ❑ Yes

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.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without medical professional direction. This site chooses to offer this nutritionally–equivalent product: **Pearl Soy Milk**. Check here if you would like to request the soy milk listed in place of fluid milk and list the reason for the request. ❑ _____

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods: ❑

Parent/Guardian signature: _____ Date: _____

                               (To document choices and for permission to release information)

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

Lactose/milk – *Do not serve the items checked below:*	SERVE THESE ITEMS INSTEAD:
☐ Fluid milk as a beverage or 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 food products such as breads, mashed potatoes, cookies or graham crackers	
Soy - *Do not serve the items checked below:* ☐ Protein products extended with soy ☐ Processed items cooked in soy oil ☐ Food products with soy as one of the first three ingredients ☐ Food products with soy listed as the fourth ingredient or further down the list	SERVE THESE ITEMS INSTEAD:
Egg - *Do not serve the items checked below:* ☐ 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	SERVE THESE ITEMS INSTEAD:
Seafood – *Do not serve the items checked below:* ☐ Fish ☐ Shrimp ☐ Crab ☐ Oysters ☐ Other:_____	SERVE THESE ITEMS INSTEAD:
Peanuts – *Do not serve the items checked below:* ☐ Peanuts, individually or as an ingredient ☐ Foods containing peanut oil ☐ Foods items identified as manufactured in a plant that also handles peanuts	SERVE THESE ITEMS INSTEAD:
Tree nuts – *Do not serve the items checked below:* ☐ All nuts ☐ Food items identified as manufactured in a plant that also handles nuts ☐ Other: _____	SERVE THESE ITEMS INSTEAD:
Wheat – *Do not serve the items checked below:* ☐ Foods containing wheat ☐ Foods containing gluten ☐ Other: _____	SERVE THESE ITEMS INSTEAD: