



MONROE COUNTY SCHOOLS

Committed to Excellence • Focused on Success

Modified School Meal Form

This form should only be completed for students who have special dietary needs that require meal modification and will be eating breakfast or lunch provided by the School Nutrition Program.

Child's Name: _____

Date: _____

Under Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990*, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities. USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability will be provided meal substitutions when supported by a statement signed by a licensed physician. This form must be completed and signed by a licensed physician and must identify: (1) the child's disability (2) the major life activity affected by the disability and (3) the food(s) that must be omitted and/or substituted from the child's diet. Food restricted accommodations will be initiated upon receipt of physician directions on this form.

As parent/guardian of the above named child, I consent to the release of allergy/medical information by my child's physician for the purpose of providing my child with a modified school meal. _____

Signature of parent/guardian

Medical Diagnosis/Food Allergy: _____

Please note: A food allergy is defined as a disability when the allergy results in a severe, life-threatening (anaphylactic) reaction. Food intolerance is not defined under Section 504 of the Rehabilitation Act as a disability.

Major life activity affected by student's disability (please check all that apply):

Breathing _____	Walking _____	Seeing _____	Learning _____
Speaking _____	Hearing _____	Eating _____	Working _____

I. Food Allergy: Please check ALL forms of ingredients to be avoided.

- _____ **Corn**
 - _____ Avoid all forms of corn (corn flour, cornstarch, corn syrup, cornmeal)
 - _____ Avoid baking powder, vegetable starch, vegetable gum, food starch
- _____ **Eggs**
 - _____ Allowed in cooking _____ NOT allowed in cooking
 - _____ Avoid all forms of eggs (dried, egg protein, etc.)
 - _____ Avoid area when cooking eggs
- _____ **Fish**
 - _____ Avoid area when cooking fish
 - _____ Avoid **shellfish** (Specify: _____)
- _____ **Milk**
 - _____ Allowed in cooking _____ NOT allowed in cooking
 - _____ Avoid all forms of milk (dried, evaporated, milk protein, casein, whey)

_____ Avoid all **dairy** products (cheese, yogurt, sour cream)

_____ **Peanuts**

_____ Avoid inhalation _____ Avoid ingestion _____ Avoid touch
_____ Avoid consuming foods processed on equipment shared with peanut
containing products
_____ Avoid **tree nuts** as an extra precaution (almonds, walnuts, pecans)

_____ **Soybeans**

_____ Avoid all forms of soy (soy protein, soy lecithin)

_____ **Wheat**

_____ Avoid **gluten**
_____ Avoid foods that contain gluten (**wheat, rye, barley**)
_____ Avoid **oats** as a precaution

_____ **Preservatives/
Additives**

_____ Avoid foods that contain **sulfites** (baked goods, condiments, snack
foods)
_____ Avoid foods that contain **MSG**
_____ Avoid foods that contain **food color**: (please specify which food
color(s) _____)
_____ List other additives to avoid _____

Please specify any other allergy and/or foods to avoid: _____

II. Diabetic Diet: Please specify the grams of carbohydrates allowed at each meal.

_____ Breakfast _____ Lunch _____ Snack _____ No restrictions

List foods/beverages to avoid: _____

III. Special Texture Needs:

_____ Blended/pureed food
_____ Chopped food
_____ Small, bite-size food
_____ Liquid thickener (use _____ teaspoon per fluid ounce of liquid)

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Physician's Name: _____ Phone: _____
Address: _____
Physician's Signature: _____ Date: _____

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The Modified School Meal Form should be reviewed yearly by the parent/guardian. If the child's dietary restrictions change, a revised Modified School Meal Form should be completed by the child's physician and turned into the school administrator or designee. If the child's dietary restrictions do not change from year to year, the parent/guardian should sign below to indicate that no changes have been made.

Child's Name: _____

I have reviewed my child's Modify School Meals Form and indicate by my signature that no dietary changes are necessary for school year _____.

Parent's/Guardian's Signature **Date**

I have reviewed my child's Modify School Meals Form and indicate by my signature that no dietary changes are necessary for school year _____.

Parent's/Guardian's Signature **Date**

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