Marquardt Food & Nutrition Services Department

ANNUAL MODIFIED MEAL REQUEST FORM

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): _____

School:_____ Grade:_____ Parent/Guardian Phone:_____

Parent/Guardian Name: _____ Email:_____

My child will require a menu modification at the following: [ ] Breakfast [ ] Lunch

I understand it is my responsibility to renew this form before each school year and anytime my child's needs change.

_____

Parent/Guardian Name PRINTED **Parent/Guardian SIGNATURE** **Date**

TO BE COMPLETED BY MEDICAL AUTHORITY

➢ The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance):_____

Foods to **BE OMITTED** from diet* (check appropriate boxes below):

- ☐ **Milk -** Fluid milk, cheese, yogurt, and other dairy ingredients
- ☐ **Fluid Milk -** Milk to drink
- ☐ **Peanuts -** Peanuts, peanut butter, peanut oil
- ☐ **Tree Nuts -** Almonds, hazelnuts, and cashews
- ☐ **Wheat -** Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient
- ☐ **Gluten -** Wheat, rye, barley, and non-certified oats
- ☐ **Fish -** Fin-fish such as cod and tilapia
- ☐ **Shellfish -** Shrimp and crab
- ☐ **Sesame -** Seed or oil
- ☐ **Egg -** Visible egg in a dish such as an omelet
- ☐ **Egg Ingredients -** Visible egg in a dish AND egg as an ingredient
- ☐ **Soybean -** Food items such as Textured Soy Protein (TSP), Textured Vegetable Protein (TVP), tofu, and whole soybeans
- ☐ **Soybean Ingredients -** TSP, TVP, soy protein concentrate, soy protein isolate, soy sauce, soy flour, unrefined soy bean oil, and tofu
- ☐ **Other -** _____

*Examples of individual food allergens provided are not all-inclusive, other foods may apply

➢ What are the student's possible reactions to the indicated allergen(s) or conditions?

_____

➢ **REQUIRED** List all acceptable safe food substitutions (modified request cannot be accommodated until completed):

_____

_____

_____

Prescribing Medical Authority Name PRINTED **Prescribing Medical Authority Name SIGNATURE** **Date**

FNS NOTES

_____

_____