



## AHSD25 Annual Modified Meal Request Form

### TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (First & Last):

School:

Grade:

Parent/Guardian Contact Name:

Contact(s) Phone:

Contact(s)Email:

My child will require a menu modification at the following meal services:      Lunch      Breakfast (only available at select schools)

**I understand it is my responsibility to renew this form before each school year and any time my child's medical or health 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)

Food To BE OMITTED from diet\* (check appropriate boxes below)

**Fluid Milk** – Milk to drink

**Milk** – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey.

**Peanuts** – Peanuts, Peanut Butter, Peanut oil.

**Tree Nuts** – Please specify:

**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

**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 (edamame).

**Soybean Ingredients** – TSP, TVP, soy protein concentrate, soy protein isolate, soy sauce, soy flour, unrefined soy bean oil, and tofu.

**Sesame** – sesame as an ingredient.

**Other** -

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

Food Allergen Management Plan

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

**REQUIRED** List all acceptable safe food substitutes:

\_\_\_\_\_  
**Prescribing Physician/Medical Authority Name Printed**

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**Prescribing Physician/Medical Authority Signature**

FNS Dept Notes: