THOMAS | GREENBRIER | IVY HILL | OLIVE | PATTON
SOUTH | DRYDEN | WESTGATE | WINDSOR

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: Food Allergy, 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:

☐ Student meal prep should follow Severe Food Allergy SOP to avoid cross contamination during cook, prep and packing

☐ Student meal can be prepared and/or cooked with other student meals and does not need to follow Severe Allergy SOP.

Prescribing Physician/Medical Authority Name Printed

Prescribing Physician/Medical Authority Signature

FNS Dept Notes: