

## Request for Modification of Meals

Select the applicable meal modification category from those listed below. Carefully read and follow the procedure for that category. Forms that are incomplete will be returned to the parent/guardian. Return completed form to the Food Service Office, 1420 Broadway, Joplin MO, 64801 or to the kitchen manager at your child’s school. If you have questions or need assistance completing this form, contact the Food Service Office at 417-625-5315. **Please allow 10 business days for the modification to take effect. We are ONLY able to modify diets due to disability, allergy, intolerance or religious reasons. We do not modify for personal conviction or preference.**

1. If your child has a disability or allergy:
  - A parent or guardian should complete Parts A and C of the form.
  - Part B must be completed by a medical authority.
2. If you are requesting ONLY a substitution for fluid cow’s milk:
  - A parent or guardian should complete Parts A and D of the form.
3. If you are requesting a modification due to religious preference:
  - A parent or guardian should complete Parts A and E of the form.

**IMPORTANT:** For a student who does not have a recognized disability, the only fluid cow’s milk substitutions allowed by USDA are (1) lactose free fluid cow’s milk or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow’s milk (soy milk) as specified in federal regulations.

A. TO BE COMPLETED BY PARENT OR GUARDIAN			
Date	School	Student First Name	Student Last Name
Date of Birth	Address	City, State	Zip
Parent or Guardian Name (Printed)		Parent or Guardian Phone Number	
I understand it is my responsibility to complete a new form any time my child’s allergy/modification needs to change.			
<b>Parent/Guardian Signature:</b>		Date	
B. TO BE COMPLETED BY MEDICAL AUTHORITY			
<b>Food Restrictions</b> – We are ONLY able to modify diets due to disability, allergy or intolerance. We do not modify for personal conviction or preference (Allergen examples are not an exhaustive list; other foods apply)			
<input type="checkbox"/> <b>Milk Based Products</b> – Fluid milk, cheese, yogurt and ice cream			
<input type="checkbox"/> <b>Milk Ingredients</b> – Non-dairy items such as bread, cookies, cakes, etc. which contain milk proteins, “milk baked in”			
<input type="checkbox"/> <b>Peanut</b> – Peanuts, peanut butter			
<input type="checkbox"/> <b>Tree Nuts</b> – Pecans, almonds, cashews, walnuts			
<input type="checkbox"/> <b>Wheat</b> – Wheat based breads, buns, crackers and other wheat containing products			
<input type="checkbox"/> <b>Gluten</b> – Wheat, rye, barley and gluten-contaminated oats			
<input type="checkbox"/> <b>Fish</b> – Fin-fish such as tuna, cod and salmon			
<input type="checkbox"/> <b>Shellfish</b> – Shrimp, crab and lobster			
<input type="checkbox"/> <b>Egg</b> – Egg dish such as scrambled eggs or omelets			
<input type="checkbox"/> <b>Egg Ingredients</b> – Any product which contains egg, egg white or egg yolk as an ingredient			
<input type="checkbox"/> <b>Soybean</b> – Edamame, soy sauce, soy milk, textured vegetable protein (TVP)			
<input type="checkbox"/> <b>Soybean ingredients</b> – Soy flour, soy protein isolate, soy protein concentrate			
<input type="checkbox"/> <b>Other</b> – _____			

**B. TO BE COMPLETED BY MEDICAL AUTHORITY**

**Texture Modification** (if applicable)

**Chopped**

**Ground**

**Pureed**

**Liquid Modification** (if applicable)

**Nectar**

**Honey**

**Pudding-Thick**

**Comments** \_\_\_\_\_

\_\_\_\_\_

**Food Restrictions are related to (ex. Celiac disease, dysphagia, allergy/intolerance, etc.)** We are ONLY able to modify diets due to disability, allergy or intolerance. We do not modify for personal conviction or preference.

**Medical Authority Signature**

Title

Printed Name

Phone

Date

**C. PARENT/GUARDIAN PERMISSION**

I give permission for school personnel to follow the prescribed diet order for my child's school meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested by school personnel.

**Parent/Guardian Signature:**

Date

**D. SUBSTITUTION FOR FLUID COW'S MILK DUE TO LACTOSE INTOLERANCE**

Instead of fluid cow's milk, please provide the student named in part A of this form with the following substitute. (Check all that are allowed)

- Lactose-free cow's milk
- Non-dairy beverage with nutrient profile equivalent to fluid cow's milk per federal regulations (Soy Milk)

**Parent/Guardian Signature:**

Date

**E. SUBSTITUTION DUE TO RELIGIOUS REASONS**

Please list foods that should be avoided and suggested substitutions.

Omit Foods listed below	Substitute foods listed below

**Parent/Guardian Signature:**

Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice or (202) 720-6382 (TTY)). USDA is an equal opportunity provider and employer.