

FOOD ALLERGIES

Menu modifications are made for students with food intolerance's. Please have your doctor fill out the [Special Diet Request Form](#) when substitutions or alterations to the menu are required to meet your child(s) health condition. We encourage parents/guardians to update this form each year due to changes in dietary needs. Cafeteria managers must follow the most recent form on file from doctor.

Individuals with severe food allergies or strict diets should confirm the ingredient and nutrient information on the actual product label. The cafeteria manager can assist with this information.

Special dietary request must be supported by a medical statement, signed by a recognized medical authority.

It is very important that the appropriate personnel are notified and the proper medical statement is completed to address any request.

(see forms below)

**FIGURE 1. EATING AND FEEDING EVALUATION:
CHILDREN WITH SPECIAL NEEDS**

PART A			
Student's Name		Age	
Name of School		Grade Level	Classroom
Does the child have a disability? If Yes, describe the major life activities affected by the disability.		Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.		Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.		Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature		Date:	
Physician or Medical Authority's Signature		Date:	

FIGURE 2. INFORMATION CARD

Student's Name	Teacher's Name	
Special Diet or Dietary Restrictions		
Food Allergies or Intolerances		
Food Substitutions		
<p>Foods Requiring Texture Modifications:</p> <p>Chopped:</p> <p>Finely Ground:</p> <p>Pureed or Blended:</p>		
Other Diet Modifications:		
Feeding Techniques		
Supplemental Feedings		
<p>Physician or Medical Authority:</p> <p>Name</p> <p>Telephone</p> <p>Fax</p>		
<p>Additional Contact:</p> <p>Name</p> <p>Telephone</p> <p>Fax</p>	<p>Additional Contact:</p> <p>Name</p> <p>Telephone</p> <p>Fax</p>	
<p>School Food Service Representative/Person Completing Form:</p> <p>Title</p> <p>Signature</p>		Date: