

**Diet Modification Request for Foods Served Through  
Child Nutrition Programs of insert district or school name**

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

District and/or school/site: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does the patient have a disability as defined in Section 504 of the Rehabilitation Act of 1973 of the Americans with Disability Act and updates?**

**YES = Disability-To be completed by licensed physician** (In Iowa this includes: M.D., D.O., or Chiropractor)

Federal regulations governing the Child Nutrition Programs provide

a. **Must** identify: 1) the impairment/diagnosis that is a disability, 2) the major life activity affected, and 3) why it alters the student's diet:

b. What diet modifications are needed? (e.g., texture changes and/or food item substitutions)

**Must** identify any foods to be omitted: (see back of page) | **Must** identify foods to be substituted/added

Signature of Licensed Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**NO = Medical condition, but not a disability – To be completed by recognized medical authority**

A school/district at its discretion may make menu substitutions

a. Please identify the medical or other special dietary condition including intolerances and allergies that alters the student's diet:

b. What diet modifications are requested? (e.g., texture changes and/or food item substitutions)

List any foods to be omitted: (see back of page) | Foods to be substituted/added

Signature of Medical Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**Questions? Please contact insert person's name at insert email and/or phone number.  
Please return this form to the school Nurse or office to be forwarded to Child Nutrition/Food Service Department.**

To be kept on file in the Child Nutrition Services Office.

Date received by Child Nutrition: \_\_\_\_\_ Date discontinued: \_\_\_\_\_ (Attach documentation)

**Some common allergens with various ways they are found in foods.  
Please check the box in front of food groups that should NOT be served:**

**Lactose/milk – Do not serve the following checked items:**

- Fluid Milk to drink or use on cereal
- Milk based desserts such as: ice cream and pudding
- Hot entrees with cheese as a prime ingredient such as: grilled cheese, cheese pizza, or macaroni & cheese
- Cheese baked in products such as: a casserole or on meat pizza
- Cold cheese such as: string cheese or sliced cheese on a sandwich
- Milk in products such as: breads, mashed potatoes, cookies or graham crackers

**SERVE THESE ITEMS INSTEAD:**

¼ cup of fluid milk to be used on cereal? yes no

**Soy - Do not serve the following checked items:**

- Protein products extended with soy
- Processed items cooked in soy oil
- Food products with soy as an ingredient no matter where on the ingredient list
- Food products with soy listed as the fourth ingredient or further down the list

**SERVE THESE ITEMS INSTEAD:**

**Egg - Do not serve the following checked items:**

- Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold
- Eggs used in breading or coating of products
- Baked products with eggs such as breads or desserts

**SERVE THESE ITEMS INSTEAD:**

**Shellfish or fish – Do not serve the following checked items:**

- Specific fish or seafood type: \_\_\_\_\_

**SERVE THESE ITEMS INSTEAD:**

**Peanuts – Do not serve the following checked items:**

- Peanuts, individually or as an ingredient
- Foods containing peanut oil
- Foods items identified as manufactured in a plant that also handles peanuts

**SERVE THESE ITEMS INSTEAD:**

**Tree nuts – Do not serve the following checked items:**

- Specify type(s): \_\_\_\_\_
- Foods items identified as manufactured in a plant that also handles nuts

**SERVE THESE ITEMS INSTEAD:**

**Milk substitution for non-disability reasons (For a disability, the licensed physician must sign on front)**

A school/district at its discretion may make a nutrient equal

\_\_\_\_\_ I request a substitute for fluid milk for my student.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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