

Diet Modification Request

Diet Modification Request for Foods Served Through Child Nutrition Programs of Washoe County School District

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 or recognized medical authority (Doctor of Medicine, Doctor of Osteopathy, Physician Assistant, or Advanced Practice Registered Nurse)

Federal regulations governing the Child Nutrition Programs provide that schools/districts **must** make substitutions in meals for students who are considered to have a disability as defined by the Americans with Disability Act and whose disability restricts their diet when supported by a statement signed by a physician licensed by the state which includes all information in questions a and b below.

Does the student have in IEP or 504 Plan in place? Yes No

If yes, is the following information below included in the IEP or 504 Plan? Yes No

If yes, then the rest of the form does not need to be completed. The school/district may use the IEP or 504 Plan in lieu of this form and keep on file.

If no, the rest of the form must be completed.

a. **Description of child's physical or mental impairment (must be sufficient to allow school site/district to understand how it restricts child's diet):**

b. **What meal 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 (recognized medical authority): _____ Date: _____

Please print name and title: _____

NO = Medical condition, but not a disability – To be completed by recognized medical authority (Doctor of Medicine, Doctor of Osteopathy, Physician Assistant, or Advanced Practice Registered Nurse)

A school/district, **at its discretion**, may make menu substitutions with a signed statement from a recognized medical authority for a student who is requesting a meal modification.

a. **Description of the child's physical or mental impairment (must be sufficient to allow school site/district to understand how it restricts your child'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 (recognized medical authority): _____ Date: _____

Please print name and title: _____

**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 substitution** with a signed statement from a parent or medical provider for a student who is unable to consume fluid milk for any reasonable request that does not rise to a level of a disability.

_____ I request a substitute for fluid milk for my student.

Parent signature: _____ Date: _____

**Questions? Please contact Rose Wolterbeek at Rose.Wolterbeek@washoeschools.net or 775-325-8415.
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: _____

Is additional clarification needed on the medical statement? ____ Yes or ____ No. If yes, please indicate follow up here:

_____ Initial _____ date

Date discontinued: _____ (Attach documentation)

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