

School Year 2025-2026
Diet Modifications for Meals at School for Children with a
Diagnosed Food Allergy, Other Disability or Lactose Intolerance

Name of Student: _____ **School Attending:** _____ **Student ID #** _____

*All students are welcome and encouraged to participate in the school meal program. If your student has special dietary needs due to a diagnosed medical condition and wishes to participate in the meal program, this form must be completed by your licensed health care provider or registered dietitian and returned to the school nurse. **Modifications will be made once completed documentation has been received and processed, please plan accordingly.** Please refer to procedure 4305.1 for additional information. This information will remain on your student's meal account until such time that it is modified or discontinued by the licensed health care provider or registered dietitian.*

Dietary information is to be completed by student's licensed health care provider ONLY.

LACTOSE INTOLERANCE

Diagnosis of *Lactose Intolerance*, **AVOID:**

☐ Drinking Regular Cow's Milk* ☐ Cheese ☐ Ice Cream ☐ Yogurt ☐ All Dairy, Even Trace Amounts

*A USDA approved, lactose-free milk substitute will be offered. *If juice is required instead, check here* ☐.

LIFE-THREATENING FOOD ALLERGY/DISABILITY

Diagnosis of *Disability or Life-Threatening Food Allergy* that requires the student to have a diet modification:

Include a brief description of the major life activity affected by the student's condition: _____

Please check food(s) to be **OMITTED.**

<input type="checkbox"/> Milk/Dairy _____	<input type="checkbox"/> Peanut _____	<input type="checkbox"/> Eggs/Egg Products _____
<input type="checkbox"/> Wheat _____	<input type="checkbox"/> Tree Nuts _____	<input type="checkbox"/> Fish _____
<input type="checkbox"/> Gluten _____	<input type="checkbox"/> Coconut _____	<input type="checkbox"/> Shellfish _____
<input type="checkbox"/> Soy _____	<input type="checkbox"/> Sesame _____	<input type="checkbox"/> Other _____

REGARDING COMMERICALLY REFINED OILS:

The FDA does not consider commercially refined oils as an allergen and does not require it to be labeled as such. For this reason, these oils will not routinely be excluded for allergies unless specified by the physician. Automatically excluding commercially refined oils significantly limits the variety of foods available to students and may unnecessarily restrict their diet.

MODIFIED TEXTURE SECTION

Food Consistency:	<input type="checkbox"/> Regular	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed
Liquid Consistency:	<input type="checkbox"/> Thin	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Pudding

**I certify that the above-named student needs diet modifications as described above because
of the student's disability, life-threatening food allergy or lactose intolerance:**

Licensed Physician/Registered Dietitian Signature

Office Phone

Date

Printed Physician/Registered Dietitian Printed Name

I understand that if my child's medical needs change, it is my responsibility to notify the school and to provide an updated Diet Modification Form completed by a licensed health care provider. I give my permission to share the information on this form with the individuals who take part in the care of my child during the school day and understand that the doctor's office may be contacted when additional clarification is needed.

Parent's/Guardian's Signature

Phone Number

Date