

LONDON INDEPENDENT SCHOOL DISTRICT

**CHILD NUTRITION DEPARTMENT  
NOTICE TO PARENTS  
STUDENT DIET MODIFICATION FORM**

The parent/legal guardian is responsible for providing the required documentation for special diet requests. The form is to be returned to the Child Nutrition Director. The Student Diet Modification Form must be filled out completely. Incomplete forms will be returned.

**If the licensed medical authority does not provide a medical statement that includes the information needed, the school cannot make a meal accommodation.**

**Manufacturers provide food labels to London ISD and are reviewed annually. Product reformulation may occur at any time and may not be known by our department. In addition, distributors may deliver, on short notice, alternate or substitute products which contain unexpected allergens. Because of this, London ISD Child Nutrition cannot be responsible for ensuring that a child's menu selections are free from allergens.**

**Students with life-threatening food allergies are encouraged to bring meals from home.**

**The parents/legal guardian must pack a lunch from home until accommodations can be made.**

A school is not required to provide a name brand product if another product with the same specification is available.

Any changes to the medical statement must be provided in writing before the school implements the changes.

**Section A:**

The intent of Section A is to provide basic information needed to submit the request into the system. The parent/guardian should complete this section. A parent signature is required.

**Section B:**

The intent of Section B is to provide alternatives for students with severe-life threatening illnesses/conditions/allergies that are related to food consumption and considered disabilities. **This section requires a physician signature.**

**London Independent School District  
Child Nutrition Department  
Student Diet Modification Form**

**Section A: (To be completed by Parent/Guardian)**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Campus: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*I understand that if my child's medical or health needs change, it is my responsibility to notify the Child Nutrition Department. Also, I understand any further modifications will require a new form.*

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**Sections B (To be completed and signed by a Licensed Physician or Recognized Medical Authority)**

**NOTE: Form must be completed in its entirety in order for any diet modifications to be made. Form will be returned if incomplete.**

Does the student have a medical disability which affects one of the major life functions that requires a meal accommodation?  Yes  No If yes, please describe \_\_\_\_\_

Does the student have a special dietary need that will be helped by a meal accommodation?  Yes  No  
If yes, please describe \_\_\_\_\_

**Please mark which food item or items not be served.**

**Eggs:**  Whole Eggs  Egg as an ingredient

**Nuts:**  Peanuts  Tree Nuts

Fish  Shellfish  Wheat  Soy  Other \_\_\_\_\_

**Lactose Intolerance/Dairy Allergy:**  No fluid milk  All dairy products

**Safe food substitutes\*\*:** \_\_\_\_\_

If needed, List food texture modification:

(Pureed, Ground, Chopped) \_\_\_\_\_

**Can student eat foods that are manufactured or processed on the same equipment with the allergen: Circle One Yes or No**

**\*\*Child Nutrition Services will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability.**

Name of Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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