



# COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15

## MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM

Please return completed and signed form to Sarah Coleman, Assistant Director, Nutrition Services

### TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Based on information listed below, my child will require a menu modification at the following:  Breakfast  Lunch  Afterschool Snack  Supper  Other: \_\_\_\_\_

**I understand it is my responsibility to renew this form each school year and/or any time my child's medical or health needs change.**

Parent/Guardian Name PRINTED NAME \_\_\_\_\_ Parent/Guardian SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY MEDICAL AUTHORITY (Licensed by State of Illinois to prescribe medication)

The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance, Diabetes, Anaphylactic Food Allergy)

#### Food to BE OMITTED from diet\* (check appropriate boxes below):

<input type="checkbox"/> Dairy	Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey
<input type="checkbox"/> Fluid Milk	Milk to drink
<input type="checkbox"/> Peanuts	Peanuts, peanut butter, peanut oil
<input type="checkbox"/> Tree Nuts	Almonds, hazelnuts, and cashews
<input type="checkbox"/> Wheat	Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient
<input type="checkbox"/> Gluten	Wheat, rye, barley, and non-certified oats
<input type="checkbox"/> Fish	Fin-fish such as cod and tilapia
<input type="checkbox"/> Shellfish	Shrimp and crab
<input type="checkbox"/> Egg	Visible egg in a dish such as an omelet
<input type="checkbox"/> Egg Ingredients	Egg white, egg yolk, or whole egg as an ingredient
<input type="checkbox"/> Soybean	Textured Soy Protein, Textured Vegetable Protein, tofu, and whole soybeans (edamame)
<input type="checkbox"/> Soybean Ingredients	Soy protein concentrate, soy protein isolate, soy sauce, soy flour, and unrefined soy bean oil
<input type="checkbox"/> Other:	

\*Examples of individual food allergens provided are not all-inclusive, other foods may apply

#### Adjustment to meal preparation (i.e. food puree) and /or serving time(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Food Management Plan

What are the student's possible reactions/symptoms to the indicated allergen(s) or conditions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### REQUIRED: List all acceptable and safe food or beverage substitutes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescribing Physical/Medical Authority PRINTED NAME \_\_\_\_\_ Date \_\_\_\_\_ Prescribing Physician/Medical Authority SIGNATURE \_\_\_\_\_

### FOR NUTRITION SERVICE NOTES

Date Received: \_\_\_\_\_ By: (employee signature) \_\_\_\_\_

Date Implemented: \_\_\_\_\_ By: (employee signature) \_\_\_\_\_

Other information: \_\_\_\_\_