Daim Ntawv Thov Tshwj Xeeb rau Cov Dietary Accommodations

Menyuam Npe (Lub Xeem, Lub Npe): _____ Hnub Yug: _____

Tsev Kawm Ntawv: _____

Thov rau Qhov Lactose Free Milk

Cov Neeg Saib Xyuas: Ua ntu ntawm no yuav muab tau qhov lactose free milk rau koj tus menyuam haus thiab yuav tsis tau rau hauv qhov dairy free milk lossis hauv cov zaub mov noj. Xyuas cov kev qhia nyob rau sab nraum rau qhov dairy free milk lossis cov zaub mov noj.

Cov menyuam uas Haus/Noj Tsis Tau Lactose: Cov tsev kawm ntawv yuav tsum tau muab qhov lactose free milk rau cov menyuam uas noj/haus tsis tau lactose yog thaum sau ntawv thov qhia tuaj los ntawm niamtxiv (Lub Xeev MN Tshooj Cai 124D.114). Cov kev thov rau qhov lactose free milk tsuas yuav tsum tau kom niamtxiv/neeg saib xyuas kos npe. Qhov kev thov no tsis yog rau cov dairy free milk lossis zaub mov noj.

Kuv lees tseeb tias kuv tus menyuam haus tsis tau lactose thiab yuav tsum tau muab cov milk tsis muaj lactose (lactose free milk).

Niamtxiv/Neeg Saib Xyuas Kos Npe:_____ Hnub:_____

Niamtxiv/Neeg Saib Xyuas Npe:_____

E-mail Address:_____Xov tooj:_____

Update lossis Discontinue Cov Dietary Accommodations Ziag No

Cov Neeg Saib Xyuas: Ua ntu no los qhia tshiab txog (update) lossis tsis siv (discontinue) qhov special dietary accommodations muaj nyob rau hauv cov ntaub ntawv nrog rau MPS CWS.

☐ **Update:** Tshem cov khoom noj tsis haum hauv kuv tus menyuam li account vim lawv ziag no noj tau lawm: _____

_____

☐ **Discontinue:** Kuv tus menyuam tsis xav tau cov special dietary accommodations thiab txhua yam khoom noj uas noj tsis haum muab tshem tawm ntawm tus account li lub hnub kos npe nram qab no.

Niamtxiv/Neeg Saib Xyuas Kos Npe:_____ Hnub:_____

Niamtxiv/Neeg Saib Xyuas Npe:_____

E-mail Address:_____Xov tooj:_____

Txhua xyoo kev qhia tuaj tshiab ntawm daim ntawv no xav kom ua thiaj txhawj nqa tau zoo li tus menyuam cov kev xav. Daim Special Diet Statement rau qhov Medical Dietary Needs muaj nyob rau sab nraum.

Ua kom tag xa cov forms no tuaj rau tus email (ask.dietitian@mpls.k12.mn.us), fax (612-668-2830), lossis xa mus rau ntawm (812 Plymouth Ave N, Mpls 55411). Thov muab sijhawm li10-14 hnub los ua cov ntaub ntawv thiab ua tau qhov dietary accommodations.

Lus noog? Txuas nrog rau tus MPS CWS Dietitian ntawm ask.dietitian@mpls.k12.mn.us lossis 612-668-2847. Xav paub ntau ntxiv, xyuas www.mpschools.org/departments/cws/special-diets.

Qhov Special Diet Statement rau Medical Dietary Cov Kev Xav Tau

Tsoom fwv loj txoj cai thiab USDA kev tswj fwm yuav tsum tau kom cov nutrition programs muaj cov kev hloov kho los pab cov menyuam uas muaj kev xiam oob qhab. Nyob rau hauv txoj cai, ib qhov kev xiam oob qhab yog ib qhov kev puas tsuaj uas muaj qhov txwv txiav ua tau tej yam loj hauv lub neej lossis yam ua tau ntawm lub cev ntaj ntsug, ua muaj li kev noj haus tsis haum thiab cov kev noj zom zaub mov tsis zoo, tabsis tsis suav kev ntseeg, cov kev coj ncaj ncees lossis kev nyiam ntawm tus kheej.

Menyuam Npe (Lub Xeem, Lub Npe): _____ Hnub Yug: _____

Tsev Kawm Ntawv: _____

Kev Tso Cai Tsis Yuam: Kuv muab cai rau MPS los tso tawm thiab txais los ntawm kev tso cai txog kev mob nkeeg li cov npe hauv qab no ntawm kev kawm ntawv lossis kev qhia txog mob nkeeg los npaj, qhia tau tshiab , lossis kho qhov Special Diet Statement no. Kuv nkag siab tias kuv yeej muaj cai tsis kho daim ntawv tso cai no yam tsis muaj dabtsi txog rau kuv kev ntxim tau txais ntawm kuv kev thov tuaj no. Kuv nkag siab tias kuv yeej tshem tawm tau qhov kev tso cai uas tau kos tso tawm no txhua lub sijhawm, tshwj yog cov kev qhia uas tau muab tso qhia tawm tag lawm.

Niamtxiv/Neeg Saib Xyuas Kos Npe:_____ Hnub:_____

Niamtxiv/Neeg Saib Xyuas Npe:_____

E-mail Address:_____ Xov tooj:_____

Instructions: The student's licensed healthcare provider must fully complete the information below. Incomplete forms will be returned and delay approval. Please allow 10-14 days for processing and implementing dietary accommodations. Parent/Guardian will be notified via email after the request is evaluated by the CWS Dietitian. Annual updates to this form are recommended to best support student's needs. Changes in dietary needs require a new form completed by the health care provider.

Physician or medical authority* completes this section.

**Includes licensed physician, physician assistant, Registered Dietitian, or an advanced practice registered nurse, such as a certified nurse practitioner.*

1. Does the student have a disability recognized by the ADA Amendments Act? ☐ Yes ☐ No
   If yes, identify major life activities affected by disability: _____
2. Student's diagnosis or condition:_____
3. For food allergies or intolerances, select foods to avoid:
   ☐ Peanuts ☐ Tree nuts ☐ Coconut ☐ Soy ☐ Fish ☐ Shellfish ☐ Gluten/Wheat ☐ Sesame
   ☐ Other: _____

For egg allergies, select items to avoid:
- ☐ All egg-containing products
- ☐ Whole egg (scrambled or boiled)
- ☐ Eggs as ingredient in baked product

For milk allergies or intolerances, select items to avoid:
- ☐ All milk-containing products ☐ Yogurt ☐ Cheese
- ☐ Milk as beverage, substitute with:
  - ☐ Water ☐ Dairy-free milk ☐ Lactose-free milk

4. Foods to substitute, if needed:_____
5. Texture modification, if needed, indicate IDDSI levels:_____

Medical Authority's Name & Credentials: _____

Signature: _____ **Date:** _____

Clinic/Hospital: _____

Phone Number: _____ **Fax Number:** _____

Completed forms should be returned to ask.dietitian@mpls.k12.mn.us or by fax: 612-668-2830.

Disclaimer: MPS does not have certified gluten free facilities and all menu items are prepared on shared equipment. For more information, visit www.mpschools.org/departments/cws/special-diets.

This institution is an equal opportunity provider. School Year 2026-2027