Menu Modification Medical Statement

This form must be filled out completely BEFORE dietary accommodations can be guaranteed.
☐ New Dietary Accommodation Request ☐ Change/modify an Existing Dietary Accommodation ☐ Discontinue Accommodation

To be filled out by Parent/Guardian

Child's Name:		Date of Birth:
Student's ID Number:	Student's School:	Student's Grade:

I understand that I must notify Eagle Mountain-Saginaw ISD if my child's dietary needs change. I authorize Eagle Mountain-Saginaw ISD to communicate with my child's healthcare provider regarding dietary accommodations as needed. To remove dietary restrictions, written notification from a parent/guardian or licensed healthcare professional is required.

School districts are not required to provide meal modifications for cultural, religious, or personal preferences that are not related to a documented medical disability.

Parent/Guardian Signature: **Date:**

To be filled out by a state licensed healthcare professional with prescriptive authority or a registered dietitian.

Diagnosis or other special dietary condition which restricts diet:		
Does the child have a disability? A disability is a physical or mental impairment that substantially limits one or more major life activities, including eating and other major bodily functions. Federal regulations require schools participating in the National School Lunch Program to provide meal modifications for students whose medical condition or disability restricts their diet when supported by appropriate documentation from a licensed healthcare professional, registered dietitian, or through an approved accommodation in an IEP or Section 504 plan.	**Yes**	**No**
If yes, describe the major life activities affected by the disability and why the disability restricts the child's diet.		
Does the child have special nutritional or feeding needs? If yes, complete the information below.	**Yes**	**No**

List Allergen(s)/Intolerance:	List Foods to be Omitted:	List Foods to be Substituted:

Does the allergen(s) cause a life-threatening/anaphylactic reaction? If so, list allergen(s) causing life-threatening/anaphylactic reaction. Check all that apply: ☐ Student has an EpiPen at school ☐ Student has a Food Allergy Action Plan on file with the nurse	**Yes**	**No**
Allergy information to help us better plan (Select all that apply): EGG ALLERGY ☐ Whole eggs such as scrambled eggs or hard cooked eggs ☐ Baked goods with any egg listed as an ingredient DAIRY ALLERGY ☐ All food/beverages with milk listed as an ingredient including baked goods ☐ Cheese and recipes with cheese listed as an ingredient ☐ Yogurt ☐ Fluid Milk CORN ALLERGY ☐ Whole corn such as corn, corn kernels, tortilla chips, corn muffin ☐ Recipes with corn/corn products listed as an ingredient (such as corn oil, corn syrup) SOY ALLERGY ☐ Soy Lecithin ☐ Soy Protein (concentrate, hydrolyzed, isolate) ☐ Menu items with any soy listed as an ingredient OTHER _____ _____		

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Texture Modification Required? If yes, answer questions below. *Liquid consistency required*: ☐ Thin/Regular ☐ Honey Thick ☐ Nectar Thick ☐ Pudding Thick *Food Texture Required:* ☐ Cut into bite sized pieces ☐ Finely ground ☐ Pureed or blended	
List any additional dietary modifications or comments:	
Parent or Guardian: Name: Telephone: Best email for questions & receiving menus:	***State Licensed Healthcare Professional with Prescriptive Authority or Registered Dietitian:*** Name: Telephone: Address:
Parent Signature:	Date:
Licensed Healthcare Professional with Prescriptive Authority or Registered Dietitian Signature:	Date:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.
Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.
To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.
USDA is an equal opportunity provider, employer, and lender.

Send completed form to:
Darlene Lopez RDN
dlopezmonge@ems-isd.net
Fax: 817-744-8906

or mail it to us at:
Eagle Mountain-Saginaw ISD Child Nutrition Department
1600 Mustang Rock Road, Fort Worth, TX 76179

For Child Nutrition office use only:	Date received at CN office _____
NOTIFICATION: Parent_____ Nurse_____ CN Manager _____ _____	

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