

Polk County School Nutrition
Diet Modification Form Instructions
School Year 2017-2018

To request modifications to a school meal, the School Nutrition Department must receive a Diet Modification Form completed and signed by a state licensed health care professional. Please return the form to the School Nutrition Manager at your child's school. **A new form is required each school year.**

Important Information

The regulations of the National School Lunch and School Breakfast Programs:

- **Require** substitutions to the standard meal requirements for participants who have a disability that restricts their diet.
- **Permit**, but does not require, substitutions for other participants who are not disabled but who are unable to consume foods on the regular menu because of medical and/or other special dietary needs.

A person with a disability is a person who has a physical or mental impairment which substantially limits one or more major life activities, who has a record of such impairment, or is regarded as having such impairment. Major life activities are defined as "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working." A state recognized medical authority who is authorized to write medical prescriptions can make the determination of whether a student has a disability that restricts his or her diet. Food allergies and conditions such as obesity may or may not meet the criteria of a disability. A physician can assess that the food allergy may result in a severe, life-threatening reaction, or the obesity is severe enough to substantially limit a major life activity.

A school district may, at its discretion, make substitutions for individual students who do not have a disability, but who are unable to consume a food item because of medical or other special dietary needs. Such substitutions may only be made on a case-by-case basis when supported by a diet modification form signed by a recognized medical authority such as a physician, physician's assistant or nurse practitioner and approved by the school nutrition department.

Milk Allergy/Lactose Intolerance

The school nutrition department is only permitted to provide a substitute beverage if it is nutritionally equivalent to milk as defined by USDA. For lactose intolerant students: Lactose free milk will only be made available if the request is stated on the Diet Modification Form. Access to drinking water is available in all cafeterias.

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Student's Name _____ Date of Birth _____

School _____ Grade _____

My child will not eat school meals. This form is for information only.

Reason for
Modification
Request

- Food Intolerance / Non Life Threatening Allergy
- Life Threatening Food Allergy
- Disability (Specify) _____
- Other (Specify) _____

Food Allergies/Intolerances/Dietary Restrictions	
Please indicate if an allergy is life threatening. Unless otherwise noted on this form, all foods marked will be eliminated from the student's school meal and a substitute provided.	
Life Threatening? Y e s N o	
<input type="checkbox"/> Peanut	<input type="checkbox"/> Shellfish (not served in school meals)
<input type="checkbox"/> Dairy	<input type="checkbox"/> Gluten Sensitivity
<input type="checkbox"/> Wheat	<input type="checkbox"/> Lactose Intolerance Please provide lactose free milk
<input type="checkbox"/> Oats	Please omit fluid milk, all other dairy is ok
<input type="checkbox"/> Soy	Other:
<input type="checkbox"/> Corn	
<input type="checkbox"/> Egg	
<input type="checkbox"/> Fish (Specify)	
Comments / Specific Instructions:	

Food Texture Modifications
Please describe texture modification prescribed. Specify which types of foods should be modified and/or omitted.

Signature Required		
I certify that the above named student needs special school meals prepared as described above because of the student's disability or medical condition.		
Physician/Medical Authority Signature	Date	Office Phone Number