

- COPY TO: School Nurse
 Teacher
 Cafeteria Manager



Food Service Modification Form

This form must be completed and signed by a Physician if your student requires a dietary restriction.
 (i.e. no peanut butter, no strawberries, etc.) **OR a food substitute** (i.e. allergic to cow's milk – substitute soy milk).

This also pertains to other dietary accommodations (i.e. pureed foods, thickened liquid, etc.)

This form must be completed and signed by the student's Physician to **reverse a previous accommodation** (i.e. "Student no longer restricted on strawberries – Please lift restriction," "Student no longer requires pureed foods – Please lift restriction" etc.) Once the form is on file, it will remain valid until a new form is presented.

PART A			
Name of Student: _____		Date of Birth: ____ / ____ / ____	
Allergies: _____		Is this Allergy Anaphylactic? YES NO	
Current School: _____	Grade: _____	Classroom: _____	
Does student have a Disability/Special Need? Describe the major life activities affected. _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does student have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed Physician.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PART B			
List any dietary restrictions/allergies or special diet: _____			
Food(s) to OMIT : <input type="checkbox"/> Fluid Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Yogurt <input type="checkbox"/> Foods/recipes with milk or milk products as an ingredient			
<input type="checkbox"/> Whole eggs (scrambled, hard boiled) <input type="checkbox"/> Food/recipes with any egg listed as an ingredient <input type="checkbox"/> Wheat/Gluten			
<input type="checkbox"/> Oats <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Whole corn (corn kernel, tortilla chips, corn muffin, popcorn)			
<input type="checkbox"/> NO foods/recipes with corn listed as an ingredient (corn syrup, cornstarch, etc.) <input type="checkbox"/> Shellfish <input type="checkbox"/> Fish			
<input type="checkbox"/> Other: _____ For nutrition/ingredients for FCPS meals: www.fayette.nutrislice.com			
<input type="checkbox"/> List any foods to avoid for religious reason ** <input type="checkbox"/> Pork <input type="checkbox"/> Gelatin ** <small>Religious reason does not require Physician Signature</small>			
<input type="checkbox"/> Food Intolerance: _____ <input type="checkbox"/> Avoid Red Dye <input type="checkbox"/> Avoid Lactose			
List foods to be substituted: _____			
<input type="checkbox"/> NO Substitutes required Please Substitute with <input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy Free <input type="checkbox"/> Sun butter			
Texture Modification:	Liquids:	Solids:	
	<input type="checkbox"/> Thin (Regular liquids)	<input type="checkbox"/> Large foods cut into bite size	
	<input type="checkbox"/> Nectar Thick	<input type="checkbox"/> Mechanical Soft (chopped)	
	<input type="checkbox"/> Honey Thick	<input type="checkbox"/> Mechanical Soft (ground)	
	<input type="checkbox"/> Pudding Thick	<input type="checkbox"/> Pureed (Applesauce texture)	
List any special equipment or utensils that are needed:			
Indicate any other comments about student's eating or feeding patterns:			
Which meals will your student eat from the Cafeteria? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> None (will bring from home)			
Parent/Guardian's Signature: _____		Date: ____ / ____ / ____	
Physician's Signature: _____		Date: ____ / ____ / ____	

REVIEWED BY NURSING: _____ RN DATE: _____