



Diet Modification Request Form

Submit one per child with food allergy

Description: The United States Department of Agriculture (USDA) reimburses home day care providers, child and adult care centers, summer food service sponsors, schools, residential child care institutions, preschools, and Head Start for meals served to participants that meet USDA requirements. The Child Nutrition Program participating home provider or organization is listed below for meals served in their program. If a participant needs to avoid specific foods for a medical reason, a prescribing licensed medical professional must document the diet modifications and sign this form.

Please complete this form and return to your organization or provider: _____
(Name of home provider or organization)

Participant's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian's Name: _____

1) Does the participant have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes (identify)	
If yes, describe the major life activity or functions affected by the disability (see link for definitions of disability http://www.eeoc.gov/laws/statutes/adaaa_info.cfm)	
If yes, explain why the disability restricts the participant's diet:	
If no, identify the medical condition that does not rise to the level of a disability:	
2) Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:
3) Texture modifications:	
Infants must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.	
The back of this form includes additional descriptions <input type="checkbox"/> No <input type="checkbox"/> Yes	

Licensed prescribing medical professional*: _____
Name (Print or Type) Title

*In Iowa licensed prescribing medical professionals include Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP).

Signature of medical professional Date

If the participant has a disability, the provider must offer to supply the food substitutions unless doing so would be a documented financial hardship. If the participant does not have a disability, the provider is not required to supply the food substitutions.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without medical professional direction. This site chooses to offer this nutritionally-equivalent product: _____. Check here if you would like to request the soy milk listed in place of fluid milk and list the reason for the request. _____

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods:

Parent/Guardian signature: _____ Date: _____
(To document choices and for permission to release information)

USDA is an equal opportunity employer and provider.

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no <input type="checkbox"/> Milk based desserts such as ice cream and pudding <input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese <input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza <input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich <input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Soy - Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Protein products extended with soy <input type="checkbox"/> Processed items cooked in soy oil <input type="checkbox"/> Food products with soy as one of the first three ingredients <input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Egg - Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold <input type="checkbox"/> Eggs used in breading or coating of products <input type="checkbox"/> Baked products with eggs such as breads or desserts 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Seafood – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fish <input type="checkbox"/> Shrimp <input type="checkbox"/> Crab <input type="checkbox"/> Oysters <input type="checkbox"/> Other: _____ 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Peanuts – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Peanuts, individually or as an ingredient <input type="checkbox"/> Foods containing peanut oil <input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All nuts <input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts <input type="checkbox"/> Other: _____ 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Wheat – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foods containing wheat <input type="checkbox"/> Foods containing gluten <input type="checkbox"/> Other: _____ 	<p>SERVE THESE ITEMS INSTEAD:</p>