

**Diet Modifications for Meals for Children or Adults with a
Diagnosed Food Allergy or Other Disability**

Name of Child/Adult Participant: _____
Home School Name and Number: _____
Meal Pick Up School Name and Number: _____

Diagnosis of food allergy or other disability that requires a diet modification*:

Include a brief description of the major life activity, including major bodily functions, affected by the condition:

FOODS TO BE OMITTED and SUGGESTED SUBSTITUTIONS:

Please check the food group(s) to be omitted. List specific foods to be omitted and suggest substitutions.
Use the back of this form or attach additional information as needed.

<u>FOODS TO OMIT</u>	<u>SUGGESTED SUBSTITUTIONS</u>
<input type="checkbox"/> Milk/Dairy Products _____	_____
<input type="checkbox"/> Eggs/Egg Products _____	_____
<input type="checkbox"/> Wheat/Wheat Products _____	_____
<input type="checkbox"/> Soy/Soy Products _____	_____
<input type="checkbox"/> Peanuts _____	_____
<input type="checkbox"/> Tree Nuts _____	_____
<input type="checkbox"/> Fish _____	_____
<input type="checkbox"/> Shellfish _____	_____
<input type="checkbox"/> Other _____	_____

TEXTURE REQUIRED: Regular Chopped Ground Pureed

Other detailed information regarding diet or feeding:

I certify that the above named individual needs diet modifications as described above because of the specified disability or life-threatening food allergy:

Signature of Physician or Other Licensed Medical Professional Office Phone Date

Printed Name of Physician or Other Licensed Medical Professional

I understand that if medical needs change, it is my responsibility to notify the school/child care/adult day care provider and to submit an updated Diet Modification Form. I give my permission to share the information on this form with the individuals who take part in the care of the above named individual.

Participant/Parent/Guardian's Signature Home Phone Date

*The Americans with Disabilities Act defines *disability* as "a physical or mental impairment that substantially limits one or more major life activities" of an individual.