

**BRANSON SCHOOLS CHILD NUTRITION
DIETARY REQUEST 2020 - 2021**

STUDENT'S NAME (Last, First) _____ **GRADE** _____ **BUILDING** _____

Menu Modifications for Children WITH Disabilities

Children with disabilities who require changes to the basic meal are required to provide documentation with accompanying instructions from a state licensed healthcare professional, such as a physician or licensed nurse practitioner. This is to ensure that any meal modifications meet nutrition standards which are medically appropriate for the child.

The physician's statement must identify:

- Child's Disability
- An explanation of why the disability restricts the child's diet
- Major life activity affected by the disability
- The food(s) to be omitted from the child's diet, and the appropriate food substitute.

Section A. Life-Threatening, Anaphylactic Allergies

Student has a Disability or Anaphylactic/Life-Threatening allergy requiring accommodation

- Yes, anaphylactic** **No, refer to section B**

REQUIRED: Describe the Student's medical condition/disability that requires a meal modification:

- Dairy Allergy:** No Fluid Dairy Milk No Yogurt No Cheese
- Avoid all dairy products even in baked goods
- Milk Allergy** (Lactose Free or Soy milk will be offered)
- Egg Allergy:** No Whole Eggs No Egg Whites No Eggs in baked goods
- No Wheat** **No Peanut** **No Tree Nut**
- No Fish** **No Shellfish** **No Soy** **No Corn**
- Other (Please list):**

***Safe Food Substitutions:**

I understand that it is my responsibility to renew this form **before each school year**. I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the Child Nutrition Services office and the School Nurse.

PARENT/GUARDIAN SIGNATURE: _____

Phone Number: _____

Date: _____

Special Dietary Needs of Children WITHOUT Disabilities

Children without disabilities, but with special dietary needs requiring food substitutions or modifications, may request that the food service department meet their special nutrition needs. The school food authority will decide these situations on a case-by-case basis. Documentation with accompanying information must be provided by a state licensed health care professional, such as a physician or licensed nurse practitioner.

Section B. NON-Life-Threatening Food Allergy/Intolerance

Student without a disability is requesting special dietary accommodation

*** PLEASE ✓ CHECK either ALLERGY or INTOLERANCE ***

- ALLERGY** **INTOLERANCE**

Student's allergy/intolerance to food(s) below:

Does NOT result in a Life Threatening/Anaphylactic reaction

- Dairy Allergy:** No Fluid Dairy Milk No Yogurt No Cheese
- Avoid all dairy products even in baked goods
- Milk Intolerance** (Lactose Free milk will be offered)
- Milk Allergy** (Lactose Free or Soy milk will be offered)
- Egg Allergy:** No Whole Eggs No Egg Whites No Eggs in baked goods
- No Wheat** **No Peanut** **No Tree Nut**
- No Fish** **No Shellfish** **No Soy** **No Corn**
- Other (Please list):**
- Texture Modification (Please list):**

***Safe Food Substitutions:**

***Note: Child Nutrition will attempt to accommodate substitutions as requested but reserves the right to modify the menu based on products available**

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I certify that the above-named student needs to be offered food substitutions as described above because of the student's disability/Life Threatening food allergy or food intolerance/allergy as indicated.

Printed Name of Medical Authority: _____ **Date:** _____ MD DO PA NP

Prescribing Physician/Medical Authority:

(Signature)

(Contact Phone Number)