

# Diet Modification Request for Foods Served Through Child Nutrition Programs of Clarion-Goldfield-Dows Community School District

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

District and/or school/site: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Does the patient have a disability as defined in Section 504 of the Rehabilitation Act of 1973 of the Americans with Disability Act and updates?

**YES = Disability – To be completed by licensed physician** (In Iowa this includes: M.D., D.O., or Chiropractor)

Federal regulations governing the Child Nutrition Programs provide that schools/districts **must** make substitutions in meals for students who are considered to have a disability as defined by the Americans with Disability Act and whose disability restricts their diet when supported by a statement signed by a physician licensed by the state which includes all information in questions a and b below.

a. **Must** identify: 1) the impairment/diagnosis that is a disability, 2) the major life activity affected, and 3) why it alters the student's diet:

b. What diet modifications are needed? (e.g., texture changes and/or food item substitutions)

**Must** identify any foods to be omitted: (see back of page) | **Must** identify foods to be substituted/added

Signature of Licensed Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**NO = Medical condition, but not a disability – To be completed by recognized medical authority**

A school/district, **at its discretion**, may make menu substitutions with a signed statement from a medical authority for a student who is not disabled but is unable to consume food items because of food intolerances or allergies.

a. Please identify the medical or other special dietary condition including intolerances and allergies that alters the student's diet:

b. What diet modifications are requested? (e.g., texture changes and/or food item substitutions)

List any foods to be omitted: (see back of page) | Foods to be substituted/added

Signature of Medical Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**Questions? Please contact Katie Stecher at 515-532-2463 (Elementary/Middle School) or Erin Halverson at 515-532-2895 (High School). Please return this form to either School Nurse or to the Elementary, Middle School or High School office to be forwarded to the Child Nutrition/Food Service Department.**

To be kept on file in the Child Nutrition Services Office.

Date received by Child Nutrition: \_\_\_\_\_ Date discontinued: \_\_\_\_\_ (Attach documentation)

**Some common allergens with various ways they are found in foods.  
Please check the box in front of food groups that should NOT be served:**

**Lactose/milk – Do not serve the following checked items:**

- Fluid Milk to drink or use on cereal
- Milk-based desserts such as: ice cream and pudding
- Hot entrees with cheese as a prime ingredient such as: grilled cheese, cheese pizza, or macaroni & cheese
- Cheese baked in products such as: a casserole or on meat pizza
- Cold cheese such as: string cheese or sliced cheese on a sandwich
- Milk in products such as: breads, mashed potatoes, cookies or graham crackers

**SERVE THESE ITEMS INSTEAD:**

¼ cup of fluid milk to be used on cereal? \_\_\_yes \_\_\_no

**Soy - Do not serve the following checked items:**

- Protein products extended with soy
- Processed items cooked in soy oil
- Food products with soy as an ingredient no matter where on the ingredient list
- Food products with soy listed as the fourth ingredient or further down the list

**SERVE THESE ITEMS INSTEAD:**

**Egg - Do not serve the following checked items:**

- Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold
- Eggs used in breading or coating of products
- Baked products with eggs such as breads or desserts

**SERVE THESE ITEMS INSTEAD:**

**Shellfish or fish – Do not serve the following checked items:**

- Specific fish or seafood type: \_\_\_\_\_

**SERVE THESE ITEMS INSTEAD:**

**Peanuts – Do not serve the following checked items:**

- Peanuts, individually or as an ingredient
- Foods containing peanut oil
- Foods items identified as manufactured in a plant that also handles peanuts

**SERVE THESE ITEMS INSTEAD:**

**Tree nuts – Do not serve the following checked items:**

- Specify type(s): \_\_\_\_\_
- Foods items identified as manufactured in a plant that also handles nuts

**SERVE THESE ITEMS INSTEAD:**

**Milk substitution for non-disability reasons (For a disability, the licensed physician must sign on front)**

A school/district, at its discretion, may make a nutrient equal substitution with a signed statement from a parent or medical provider for a student who is unable to consume fluid milk for any reasonable request that does not rise to a level of a disability.

\_\_\_\_\_ I request a substitute for fluid milk for my student.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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