



Diet Modification Request for Students with a Diagnosed Life-Threatening Food Allergy or Disability

Initial Diet Request for School Year 20____ - 20____

Revision to Diet Request form previously submitted for current school year

Student's Name _____ Age _____ Date of Birth _____

Grade _____ Teacher _____ Room # _____

Parent/Guardian Name _____ Daytime phone # _____

Parent/Guardian email address _____

Diagnosed life-threatening food allergy or disability that requires the student to have a diet modification:

STUDENT DIAGNOSIS OR CONDITION

- Food Intolerance (intestinal gas, abdominal pain, diarrhea)
- Food Allergy (rash, hives, vomiting, non-life threatening)
- Life Threatening Food Allergy. ***Students with life threatening food allergies must have an emergency action plan in place at school.***

Check appropriate box:

- Ingestion Contact Inhalation

Disability (Specify) _____

Describe major life activities affected _____

Other (Specify) _____

Which meals provided by the cafeteria will the student eat?

- Breakfast
- Lunch
- School Age Extended Care (SAEC) snack

May student eat other foods at school not provided by cafeteria?

- May eat foods at classroom parties, and such
- May NOT eat foods at classroom parties, and such
- Parent/Guardian will provide alternative foods/snacks

FOOD(S) THAT SHOULD BE AVOIDED

Check all that apply:

DAIRY

- Fluid Milk. Please serve water or juice instead
- Cheese and recipes with cheese listed as an ingredient
- Ice Cream
- Yogurt
- Recipes with any dairy listed as an ingredient

EGG

- Whole eggs such as scrambled eggs or hard cooked eggs
- Recipes with any egg listed as an ingredient

WHEAT

- Recipes with any wheat listed as an ingredient

FISH OR SHELLFISH

- Specific fish of seafood type _____

PEANUTS

- Food products identified as manufactured in a plant that also handles peanuts

TREE NUTS

- Food products identified as manufactured in a plant that also handles tree nuts

SOY

- All soy protein
- All soy protein except soybean oil

CORN

- Whole corn such as corn kernels, tortilla chips, corn muffin
- Recipes with corn / corn products listed as an ingredient

OTHER

- Other, specify if it is a cooked ingredient or when consumed fresh or raw

I understand that if my child's medical needs change, it is my responsibility to notify the school and to provide an updated Diet Modification Request Form. I give my permission to share the information on this form with the individuals who care for my student during the school day.

Parent/Guardian's Signature

Date