

School Meal Modification Form

Section A:

Student Name: _____ Grade: _____ School: _____

Date of Birth: _____

Parent/Guardian Name: _____ Phone/Email: _____

Religious Modifications: _____

Section B: (Completion by a Medical Authority Required)

Is this Student's medical condition a disability? Yes No

Diet Prescription: (mark all that apply)

Diabetic (Carbohydrate Counting)

Lactose Intolerance

Eliminate Milk Beverage Only Eliminate All Foods that "May Contain Milk" Eliminate All Dairy

Milk Beverage Substitute (please circle) Juice or Water

Egg Intolerance

Eliminate Eggs in Pure Form (egg white/yellow). Allow eggs as ingredients in foods. (Examples: cookies, cake, waffles)

Wheat Intolerance

Eliminate Whole Wheat (breads, bun, pizza, pasta, donuts, etc).

Allow foods containing small amount of wheat (Examples: breading, roux in gumbo, etc).

Soy Intolerance

Eliminate Pure Soy. Allow foods containing small amounts of soy (Examples: burger, chicken, etc.)

Corn Intolerance

Eliminate Whole Kernel Corn

Food Allergies:

Eggs (All foods that may contain egg)

Wheat (All foods that may contain wheat)

Soy (All foods that may contain soy)

Corn (All foods that may contain corn)

Peanuts/Tree Nuts (All foods that may contain and manufactured peanuts/tree nuts)

Shellfish (All foods that may contain shellfish)

Fish (All foods that may contain fish)

Other Intolerance/Allergy/Dietary Needs: _____

Section C: (Completion by a Medical Authority Required)

I certify that the above-named student needs modified school meals prepared as described above because of the student's medical condition:

Medical Authority Name (print): _____ Phone Number: _____

Medical Authority Signature: _____ Date: _____

Please Note: We do not have allergy free kitchens for food prep. Cross-contamination is a risk.

This document is in effect for the current school year and must be renewed annually. All incomplete forms will be returned to the cafeteria manager.

Please send COMPLETED form to the VCHS Brothers Hall.