

# 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 Archdiocese of New Orleans SFNS.**



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