



**Diet Modification Request Form for Foods Served through The Nutrition Services
Department of the Iowa City Community School District**

Description: The United States Department of Agriculture (USDA) reimburses home day care providers, child and adult care centers, summer food service sponsors, schools, residential child care institutions, preschools, and Head Start for meals served to students that meet USDA requirements. If a student needs to avoid specific foods for a medical reason, a prescribing licensed medical professional must document the diet modifications and sign this form.

School/Site: _____ Grade: _____
 Student's Name: _____ Birth Date: _____
 Parent/Guardian's Name: _____

1) Does the student have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes (identify)	
If yes, describe the major life activity or functions affected by the disability (see link for definitions of disability http://www.eeoc.gov/laws/statutes/adaaa_info.cfm)	
If yes, explain why the disability restricts the student's diet:	
If no, identify the medical condition that does not rise to the level of a disability:	
2) Food(s) to Omit:	Food(s) to Substitute:
3) Texture modifications:	
The back of this form includes additional descriptions <input type="checkbox"/> No <input type="checkbox"/> Yes	

Licensed prescribing medical professional*: _____
 Name (Print or Type) Title

*In Iowa licensed prescribing medical professionals include Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP).

 Signature of medical professional Date

If the student has a disability, the provider must offer to supply the food substitutions unless doing so would be a documented financial hardship. If the student does not have a disability, the provider is not required to supply the food substitutions.

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods:

Parent/Guardian signature: _____ Date: _____
 (To document choices and for permission to release information)

Please return this form to the school nurse or school office to be forwarded to the Nutrition Services Department. Questions? Please contact Alison Demory at Demory.alison@iowacityschools.org or 319-688-1021.

To be kept on file in the Nutrition Services Office.

Date received by Nutrition Services: _____ Date discontinued: _____ (Attach documentation)

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Milk to drink or use on cereal? <input type="checkbox"/> Milk based desserts such as: ice cream and pudding <input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as: grilled cheese, cheese pizza, or macaroni & cheese <input type="checkbox"/> Cheese baked in products such as: a casserole or on meat pizza <input type="checkbox"/> Cold cheese such as: string cheese or sliced cheese on a sandwich <input type="checkbox"/> Milk in food products such as: breads, mashed potatoes, cookies or graham crackers 	<p>THESE ITEMS SERVED INSTEAD:</p> <p>ICCSD provides soy milk as a nutritionally equivalent alternative. Please indicate if your student would like soy milk. ___yes ___no</p> <p>Cups are provided to students who prefer water.</p> <p>Juice is NOT ALLOWED as a substitute unless there is a documented disability.</p>
<p>Soy - Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Protein products extended with soy <input type="checkbox"/> Processed items cooked in soy oil <input type="checkbox"/> Food products with soy as one of the first three ingredients <input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list 	<p>SUGGESTED ALTERNATES, as available:</p>
<p>Egg - Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cooked eggs such as: scrambled eggs or hard cooked eggs served hot or cold <input type="checkbox"/> Eggs used in breading or coating of products <input type="checkbox"/> Baked products with eggs such as: breads or desserts 	<p>SUGGESTED ALTERNATES, as available:</p>
<p>Fish or shellfish – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specific fish or seafood type: _____ 	<p>SUGGESTED ALTERNATES, as available:</p>
<p>Peanuts – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Peanuts, individually or as an ingredient <input type="checkbox"/> Foods containing peanut oil <input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts 	<p>SUGGESTED ALTERNATES, as available:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specify type(s): _____ <input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts 	<p>SUGGESTED ALTERNATES, as available:</p>
<p>Wheat – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foods containing wheat <input type="checkbox"/> Foods containing gluten <input type="checkbox"/> Other: _____ 	<p>THESE ITEMS SERVED INSTEAD:</p> <p>ICCSD provides individually wrapped gluten free entrées as a nutritionally equivalent alternative. Please indicate if your student would like gluten free entrées. ___yes ___no</p>

This institution is an equal opportunity provider.