

NOTICE TO PARENTS OF CHANGE IN FOOD SERVICE

Dear Parent/Guardian,

We now have a new Food Service Provider for the ACUSD #11. They have requested that all students with food allergies, diet restrictions, or dietary substitutions complete the form provided. This form should be given to your child's physician with the top portion being completed by the parent. If you can get this completed and submit into me ASAP, it would be greatly appreciated.

Thank you for your time,

Nurse Amy

TO BE COMPLETED BY PARENT OR GUARDIAN		
Name of Student (Last, First): _____		Grade: _____
School: _____		
Parent/Guardian Email: _____		Daytime Phone: _____
Based on information listed below my child will require a menu modification at the following: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack		
<input type="checkbox"/> Supper <input type="checkbox"/> Other _____		
<u>I understand it is my responsibility to renew this form each school year and/ or any time my child's medical or health needs change.</u>		
Parent/Guardian Name PRINTED	Parent/Guardian SIGNATURE	Date

MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM

Please return completed and signed form to <INSERT STAFF NAME, EMAIL, DROP OFF LOCATION>

TO BE COMPLETED BY MEDICAL AUTHORITY (Licensed by State of Illinois to prescribe medication)	
The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance, Diabetes, Anaphylactic Food Allergy)	
Food To BE OMITTED from diet* (check appropriate boxes below)	
<input type="checkbox"/> Dairy – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey. <input type="checkbox"/> Fluid Milk – Milk to drink <input type="checkbox"/> Peanuts – Peanuts, Peanut Butter, Peanut oil. <input type="checkbox"/> Tree Nuts – Almonds, hazelnuts, and cashews. <input type="checkbox"/> Wheat – Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient. <input type="checkbox"/> Gluten – Wheat, rye, barley, and non-certified oats. <input type="checkbox"/> Fish – Fin-fish such as cod and tilapia <input type="checkbox"/> Shellfish – Shrimp and crab <input type="checkbox"/> Egg – Visible egg in a dish such as an omelet <input type="checkbox"/> Egg Ingredients – Egg white, egg yolk or whole egg as an ingredient <input type="checkbox"/> Soybean – Textured Soy Protein, Textured Vegetable Protein, tofu, and whole soybeans (edamame). <input type="checkbox"/> Soybean Ingredients – Soy protein concentrate, soy protein isolate, soy sauce, soy flour, and unrefined soy bean oil <input type="checkbox"/> Other - _____	
<i>*Examples of individual food allergens provided are not all-inclusive, other foods may apply.</i>	
Adjustment to meal preparation (i.e. food puree) and /or serving time(s):	
Food Management Plan	
What are the student's possible reactions/symptoms to the indicated allergen(s) or conditions?	
REQUIRED List all acceptable and safe <u>food or beverage substitutes</u> : _____ _____	
Comments: _____	
Prescribing Physician/Medical Authority Name Printed	Date
Prescribing Physician/Medical Authority Signature	
FOR FOOD SERVICE NOTES (Other information, please see back)	
Date Received:	By: (employee signature)
Date Implemented:	By: (employee signature)
Other information:	