Polk County School Nutrition
Diet Modification Form
School Year 2018-2019

Student's Name _____ Date of Birth _____

School _____ Grade _____

☐ My child will not eat school meals. This form is for information only.

Reason for Modification Request

☐ Food Intolerance / Non Life Threatening Allergy

☐ Life Threatening Food Allergy

☐ Disability (Specify)_____

☐ Other (Specify)_____

Food Allergies/Intolerances/Dietary Restrictions

Please indicate if an allergy is life threatening. Unless otherwise noted on this form, all foods marked will be eliminated from the student's school meal and a substitute provided.

	Life Threatening? Yes	No		
☐ Peanut	◯	◯	☐ Shellfish (not served in school meals)	
☐ Dairy	◯	◯	☐ Gluten Sensitivity	
☐ Wheat	◯	◯	☐ Lactose Intolerance	☐ Please provide lactose free milk
☐ Oats	◯	◯	☐ Please omit fluid milk, all other dairy is ok	
☐ Soy	◯	◯	☐ Sesame	
☐ Corn	◯	◯	Other:	
☐ Egg	◯	◯		
☐ Fish (Specify)	◯	◯		

Diet Prescription:

Comments / Specific Instructions:

Food Texture Modifications

Please describe texture modification prescribed. Specify which types of foods should be modified and/or omitted.

Signature Required

I certify that the above named student needs special school meals prepared as described above because of the student's disability or medical condition.

Physician/Medical Authority Signature	Date	Office Phone Number