



Foodservice Department

Annual Modified Meal Request for Students with Specialized Dietary Needs

In order to better serve our students with specialized dietary needs, an *Annual Modified Meal Request* form must be completed each school year. The completed *Annual Modified Meal Request* form will not be carried over from year to year. The parent or guardian is required to submit a new form signed by the student's physician or medical authority. *Recognized medical authorities include physicians, physician assistants, nurse practitioners, or registered dietitians.* **If the student does not eat or follow the modified meal menu for 5 school days, the modified meal(s) will be cancelled.** Modified meals cannot be provided to accommodate religious preferences, personal diet modifications, or food dislikes.

Instructions:

- 1) The parent or guardian completes the top portion of the form and signs.
 - 2) The medical authority completes the lower section of the form and signs.
 - 3) Fax the completed form to (317) 226-4677 or send to the Foodservice Manager at your student's school.
- The completed form will be processed by a Registered Dietitian in the IPS Foodservice Department. Please verify each section is complete before submitting. Incomplete forms cannot not be honored.
 - A modified meal will be sent to the Foodservice Manager within 3 school days.
 - To receive a modified meal the first day of school, please submit a new *Annual Modified Meal Request* form 1 week prior to the first day of school.

GUIDANCE

Disability:

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations 7 CFR Part 15b require modifications in meals for students with disabilities which cause diet modifications. A child with a disability must be provided substitutions for foods when that need is supported by a statement signed by a licensed physician.

Children with food allergies or intolerances do not have a disability and food service may, but is not required to, make food substitutions for them. However, if food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Special Dietary Needs That Are Not a Disability:

Foodservice may make food substitutions, at their discretion, for children who have a special medical or dietary need such as food allergies or intolerances, but do not have a disability. Such determinations are only made on a case-by-case basis. Each special dietary request must be supported by an *Annual Modified Meal Request* form, which explains the substitution that is requested and signed by a recognized medical authority.



Annual Modified Meal Request
Fax to: (317) 226-4677 or Return to Your Student's School

- New Modified Meal Request Change Current Modified Meal Request
 Modified Meal Request Renewal Temporary Modified Meal Request Start date : _____ End date : _____

TO BE COMPLETED BY PARENT OR GUARDIAN			
Date	School	Student First Name	Student Last Name
Date of Birth	Street Address	City, State	Zip Code
Parent or Guardian Home Number	Cell Number	E-Mail Address	
My child will require a menu modification at the following: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch			

I understand it is my responsibility to renew this form before each school year and any time my child's medical or health needs change.

Parent / Guardian Name Printed

Parent / Guardian Signature

TO BE COMPLETED BY MEDICAL AUTHORITY	
<p>Diet Order: (If this child's condition limits a major life activity such as walking or breathing, please fill out Physical Disability below)</p> <p> <input type="checkbox"/> Carbohydrate School Breakfast CHO _____g <input type="checkbox"/> Fat School Breakfast Fat _____g Restriction School Lunch CHO _____g Restriction School Lunch Fat _____g </p> <p> <input type="checkbox"/> Calorie School Breakfast Fat _____kcal <input type="checkbox"/> Protein School Breakfast Protein _____g Restriction School Lunch Fat _____kcal Restriction School Lunch Protein _____g </p> <p> <input type="checkbox"/> Other List: _____ <input type="checkbox"/> Other List: _____ </p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Food Allergy/Intolerance:</p> <p> <input type="checkbox"/> Milk to Drink <input type="checkbox"/> Dairy (Cheese, Yogurt, and Milk to Drink) <input type="checkbox"/> Eggs to Eat <input type="checkbox"/> Eggs as an Ingredient <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts (Almonds, Walnuts, and Pecans) <input type="checkbox"/> Wheat <input type="checkbox"/> Soybean <input type="checkbox"/> Other - Please specify below. * </p> <p>Provide additional information or comments below*. (Ex. Restrict all gluten food products.)</p> <p>Will this food allergy result in severe, life-threatening reaction if the food is ingested?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

<p>Texture Modification (if applicable):</p> <p> <input type="checkbox"/> Mechanical Soft Chopped <input type="checkbox"/> Mechanical Soft Ground <input type="checkbox"/> Pureed </p>	<p>Physical Disability _____</p> <p>_____</p>
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* Additional information or comments related to diet (attach additional information if needed):

Prescribing Physician or Medical Authority Name Printed

Prescribing Physician/Medical Authority Signature

Telephone

Contact Indianapolis Public Schools Foodservice Department at (317) 226-4772 with questions or concerns.