

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 Amber Donnelly, Food Service Director, arbor@d46.org , or drop at your child's school.

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 - _____	
*Examples of individual food allergens provided are not all-inclusive, other foods may apply.		
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:		