

# Chippewa Falls School District



## Order for Diet Modification

Student's Name		Date	
School	Grade	Teacher	

1. How does the child's physical or mental impairment restrict his or her diet?

2. Please complete all of the sections below that are applicable to the child.

<b>Allergies</b>	All foods listed as allergies will be eliminated from the diet completely.
	What food(s) or type(s) of food should be omitted? Please be specific.
	List foods to be substituted. (Avoid brand names)
<b>Intolerances or Sensitivities</b>	Only the specific foods listed on this form will be avoided. A lactose free milk will be provided for lactose intolerance unless an alternative substitute is listed.
	What food(s) or type(s) of food should be omitted? Please be specific.
	List foods to be substituted. (Avoid brand names)
<b>Diabetes Mellitus</b>	Please describe any modification necessary to accommodate the child's need.
<b>Other</b>	What food(s) or type(s) of food should be omitted? Please be specific.
	List foods to be substituted. (Avoid brand names)

_____ Parent's Signature	_____ Date
_____ Parent's Name (Please Print)	_____ Phone Number
_____ Medical Practitioner's Signature & Date	
_____ Medical Practitioner's Name, Title & Phone Number (Please Print)	

***To be completed by parent/guardian***

Please check all that apply.

My child will not be eating breakfast (snack) or lunch from the foodservice department. No accommodations are needed at this time.

My child is able to manage his/her diet independently from the current food service offerings. No assistance or special food is needed.

My child can manage his/her diet independently if provided the following information (carb counts, ingredient lists, etc.) please specify:

My child has a severe peanut allergy. I would like his/her homeroom to be a peanut safe zone and for them to sit at a peanut safe table.

My child requires assistance in complying with their diet. Please specify the assistance needed:

I would like food service to contact me regarding my child's diet and needed accommodations. Please provide contact number and best time to call:

Parent/Guardian Signature: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_