Central Services Center-Child Nutrition Services
1101 N Western Avenue
Sioux Falls, South Dakota 57104
(605) 367-7925 Fax (605) 367-7937

Dr. James Nold, Superintendent

REQUEST FOR MEAL MODIFICATION DUE TO HEALTH CONDITION

Section 1: To be completed by parent

School Name	Name of Participant/Child
Date of Birth	Name of Parent /Guardian
Parent/Guardian Phone Number	Parent/Guardian Email

"If your child is not currently receiving/served under either an Individualized Education Plan (IEP) or a Section 504 plan, this request for a special diet will be considered a consent for a Section 504 evaluation."

Parent/Guardian's Printed Name

Parent/Guardian's Signature | Date

Section 2: Must be completed by a licensed physician (MD or DO), physician's assistant (PA), nurse practitioner (NP), or registered dietitian (RD)

Describe the health condition of concern:

Describe how the physical or mental condition/impairment(s) listed above restricts this child's diet.

☐ Ingestion causes GI distress ☐ Ingestion causes choking ☐ Food/texture aversion ☐ Limits ability to chew
☐ Ingestion causes organ damage ☐ Ingestion causes anaphylaxis ☐ High caloric needs ☐ Ingestion causes hives/rash
☐ Other:_____

If the impairment restricts specific foods, please specify below.

Dairy/Eggs, please clarify:

☐ Fluid Milk
☐ All Dairy
☐ Whole Eggs (ex. Scrambled, hard boiled, etc.)
☐ All food with egg/egg derivatives

☐ Sesame
☐ Peanuts
☐ Tree Nuts (ex. almond, pecan, walnut, etc.)

☐ Soy
☐ Fish
☐ Shellfish

☐ Wheat
☐ Gluten
☐ Other, please list:

☐ Check this box if the participant ***CANNOT*** tolerate the selected food items BAKED in goods:
Comments_____

If foods are to be eliminated from the diet, please recommend substitutions.

Indicate texture consistency, if needed.
☐ Mechanical Soft Solids & Chopped Meats ☐ Fork Mashable Solids & Ground Meats
☐ Pureed Solids & Meats ☐ Other (Specify):

Indicate liquid consistency, if needed.
☐Thin ☐Honey Thick
☐Nectar Thick ☐Pudding Thick

Medical Professional's Printed Name

Medical Professional's Signature | Date