

**Diet Modification Request for Foods Served Through  
Child Nutrition Programs of Shenandoah Community School District**

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
District and/or school/site: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does the patient have a disability as defined in Section 504 of the Rehabilitation Act of 1973 of the Americans with Disability Act and updates?**

**YES = Disability-To be completed by licensed physician** (In Iowa this includes: M.D., D.O., or Chiropractor)

Federal regulations governing the Child Nutrition Programs provide that schools/districts must make substitutions in meals for students who are considered to have a disability as defined by the Americans with Disability Act and whose disability restricts their diet when supported by a statement signed by a physician licensed by the state which includes all information in questions a and b below.

a. **Must** identify: 1) the impairment/diagnosis that is a disability, 2) the major life activity affected, and 3) why it restricts the student's diet:

b. What diet modifications are needed? (e.g., texture changes and/or food item substitutions)  
**Must** identify foods to be omitted: (see back of page) **Must** identify foods to be substituted

Signature of Licensed Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print name: \_\_\_\_\_

**NO = Medical condition, but not a disability – completed by recognized medical authority**

A school/district, at its discretion, may make menu substitutions with a signed statement from a medical authority for a student who is not disabled but is unable to consume food items because of food intolerances or allergies.

a. Please identify the medical or other special dietary condition including intolerances and allergies that restricts the student's diet:

b. What diet modifications are requested? (e.g., texture changes and/or food item substitutions)  
List foods to be omitted: (see back of page) Foods to be substituted

Signature of Medical Authority: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print name: \_\_\_\_\_

To be kept on file in the Child Nutrition Services Offices.

Date received by Child Nutrition: \_\_\_\_\_ Date discontinued: \_\_\_\_\_ (Attach documentation)