

# SCHOOL MEAL MODIFICATION FORM

**We do NOT have allergy free kitchens for food prep. Cross-contamination IS a Risk.**

Please send COMPLETED Form to Archdiocese of New Orleans SFNS.

Fax: 504-596-3459 Mail: 1000 Howard Ave. Ste. 300, New Orleans 70113 Inquiries: 504-596-3434

*All incomplete forms will be returned to the cafeteria manager.*

## Section A: Completion required to prevent delayed processing.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone / Email: \_\_\_\_\_

## Section B: Completion by MEDICAL AUTHORITY required.

IS THIS STUDENT'S MEDICAL CONDITION A DISABILITY? \_\_\_Yes OR \_\_\_No

**Food Allergies, Intolerances, and Dietary Needs** (please mark ALL that apply):

**MILK:** \_\_\_ Beverage\* OR \_\_\_ ALL Dairy\* OR \_\_\_ ALL foods\*- "May Contain Milk"

\* **SUBSTITUTE FOR BEVERAGE MILK (please circle): Juice or Water**

**PEANUTS/NUTS:** \_\_\_ ALL foods- "May Contain/Manufactured Nuts/Peanuts"

**SHELLFISH:** \_\_\_ ALL foods- "May Contain Shellfish"

**FISH:** \_\_\_ ALL foods- "May Contain Fish"

**WHEAT:** \_\_\_ Whole wheat only OR \_\_\_ ALL foods- "May Contain Wheat"

**EGGS:** \_\_\_ Pure form only (egg white/egg yolk) OR \_\_\_ ALL foods - "May Contain Egg"

**SOY:** \_\_\_ Pure form only OR \_\_\_ ALL foods- "May Contain Soy"

**CORN:** \_\_\_ Pure form only (Whole Kernel) OR \_\_\_ ALL foods- "May Contain Corn"

**OTHER ALLERGEN:** \_\_\_\_\_

**OTHER SPECIFIC DIETARY NEED:** \_\_\_\_\_

**OTHER SPECIFIC OMISSION:** \_\_\_\_\_

**SPECIFIC SUBSTITUTION NEEDED:** \_\_\_\_\_

I certify that the above named student has special dietary needs as described above due to the student's medical condition.

Medical Authority Name (print): \_\_\_\_\_

Medical Authority Telephone Number: \_\_\_\_\_

Medical Authority Signature and Date: \_\_\_\_\_