

## North East Independent School District School Meal Modification Request for School Year 2020-2021

The school meal modification request must be submitted to the North East Independent School District yearly by the parent or guardian. This form must be completed and signed by a Licensed Medical Authority (Physician, Physician Assistant or Advance Practice Nurse). Turn form in to School Nurse.

Stı	udent Legal Name - La	st:	First:	Middle Initial:
Da	te of Birth:	Student ID #	School:	Grade (Sept. 2020):
U	Inder Section 504 of the Re 008, a "person with a disab		ricans with Disabilities Act (AL ysical or mental impairment th	DA) of 1990, and the ADA Amendments Act of at substantially limits one or more major life
_	ting the regular school breathing; eating	meal.	ning; seeing;	e disability prevents the child from speaking; walking;
2)	Condition/Diagnosis	that requires a special diet	or food modification at s	school:
•	This form is not need	ed for lactose intolerance a	as the District offers lacto	ose free milk and soy milk as a milk

- The School Nutrition Services staff will make every attempt to reasonably accommodate students that have dietary restrictions that are not life threatening or not reported by a physician as a disability.
- School Nutrition Services will not make menu accommodations based on religious or food preferences.
- Check the food allergen(s) to be omitted from the child's diet or the no substitution needed box. Review the foods that are recommended substitutions. The most common food allergies are peanut, tree nut, milk, egg, seafood, shellfish, soy and wheat. Space is provided at the end of the form for additional foods to omit. A more complete list of allergens in school products is available at <a href="www.neisd.net/foodserv/HTML/SpecialDietsAllergens.html">www.neisd.net/foodserv/HTML/SpecialDietsAllergens.html</a>

☐ No Substitution Needed		
☐ Peanut/Tree Nut Allergy	Diet Restriction	Substitution Could Include
<b>Common School Items:</b> A few prepackaged snack items processed in a facility that contains tree nuts	No nut products	Nut Free snack
☐ Milk Allergy (not lactose intolerant)	Diet Restriction	Substitution Could Include
<b>Common School Items:</b> Milk, yogurt, ranch dressing cheese products, some breaded entrees, entrée salads, ice cream, pudding, some bread products	No milk products Restricts all dairy products	Alternate food items available most days.
☐ Egg Product Allergy – restricts eggs in baked items, mayonnaise based and breaded meat items	Diet Restriction	Substitution Could Include
Common School Items: Breaded meat items, mayonnaise products. French toast. cinnamon rolls	No egg products	Alternate menu entrée choice of the day



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☐ Egg Allergy - allows eggs in baked items, mayonnaise		
based and breaded meat items	Diet Restriction	Substitution Could Include
Common School Items: Eggs (breakfast taco)	No eggs	Alternate menu entrée choice of the day Cereal or Breakfast Bar/Pastry
☐ Fish (seafood, shellfish)	Diet Restriction	Substitution Could Include
Common School Items: Fish	No fish	Alternate entrée choice of the day
☐ Soy Allergy – most of our food	Diet Restriction	Substitution Could Include
Common School Items: Soy oil: Most bread items fried rice, most entrees, salad dressings, ranch dip, packaged snacks, gravy Soy protein: Most entrees, egg rolls, soy milk, soy sauce	No soy	Parent should contact the School Nutrition Services Office for assistance in selecting menu items the child may consume. Or parent may review posted menu and circle items based on allergen list and submit menu to the cafeteria manager or School Nutrition Services Office.
☐ Wheat Allergy (Wheat, Rye, Barley Oats)	Diet Restriction	Substitution Could Include
Sandwich bread/buns, rolls, flour tortillas, crackers, croutons breaded meat items, pizza, pizza sticks, corndogs, pasta, pretzels, spicy hash browns, potato wedges, gravy, soy sauce, breakfast cereal, some breakfast entrees, cookies, cereal bars, some ice cream products	No wheat/oat products	Parent should contact the School Nutrition Services Office for assistance in selecting menu items the child may consume. Or parent may review posted menu and circle items based on allergen list and submit menu to the cafeteria manager or School Nutrition Services Office.
☐ Foods to omit that are not already listed		Suggested Foods to Substitute
Medical Authority Name (print):		
Medical Authority Name (print):		
Medical Authority Name (print):		
, " , " , , , , , , , , , , , , , , , ,		Date:
Medical Authority Signature:	Ph	Date: none Number: s my responsibility to notify the school
Medical Authority Signature:  Address:  I understand that if my child's medical or he and fill out a new Special Diet Request. Pa	Ph alth needs change, it is rent/guardian must sub	Date: none Number: s my responsibility to notify the school bmit a request in writing or email to
Medical Authority Signature:  Address:  I understand that if my child's medical or he and fill out a new Special Diet Request. Paremove diet restriction.	Ph alth needs change, it is rent/guardian must sul First:	Date: none Number: s my responsibility to notify the school brait a request in writing or email to  Middle Initial:
Medical Authority Signature:  Address:  I understand that if my child's medical or he and fill out a new Special Diet Request. Paremove diet restriction.  Student Legal Name - Last:	Ph alth needs change, it is rent/guardian must sub First:	Date: none Number: s my responsibility to notify the school bimit a request in writing or email to  Middle Initial:

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Parent/Guardian Signature: