





TO BE COMPLETED BY PARENT OR GUARDIAN			
Name of Student (Last, First):Grace School:Grace Parent/Guardian Name: My child will require a menu modification at the following: I understand it is my responsibility to renew this form before	Email: _ □ Breakfast	Lunch	
Parent/Guardian Name PRINTED Pa	rent/Guardian SIGNA	TURE	Date
TO BE COMPLETED BY MEDICAL AUTHORITY			
The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance)			
Food To BE OMITTED from diet* (check appropriate boxes below	v)		
 Milk – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey. □ Fluid Milk – Milk to drink □ Peanuts – Peanuts, Peanut Butter, Peanut oil. □ Tree Nuts – Almonds, hazelnuts, and cashews. □ Wheat – Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient. □ Gluten – Wheat, rye, barley, and non-certified oats. □ Fish – Fin-fish such as cod and tilapia □ Shellfish – Shrimp and crab □ Sesame- Seed or Oil □ Egg – Visible egg in a dish such as an omelet □ Egg Ingredients – Visible egg in a dish and egg as an ingredient □ Soybean – Food items such as Textured Soy Protein (TSP), Textured Vegetable Protein (TVP), tofu, and whole soybeans (edamame). □ Soybean Ingredients – TSP, TVP, soy protein concentrate, soy protein isolate, soy sauce, soy flour, unrefined soy bean oil, and tofu. □ Other - *Examples of individual food allergens provided are not all-inclusive, other foods may apply. 			
Food Allergen Management Plan	- (-) O		
What are the student's possible reactions to the indicated allerge	n(s) or conditions?		
REQUIRED List all acceptable safe food substitutes (the modified request cannot be accommodated until this portion is completed):			
Additional Comments:			
FNS NOTES			
FNOTION			