Waukee Community School District
Diet Modification Request Form
Medical Statement for Student with Special Diet Needs

USDA is an equal opportunity employer and provider. Updated: May 2021

Modifications are required by The United States Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. “Major life activities” are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. “Major life activities” also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

This form must be completed by a “medical authority” that is authorized by state law to write medical prescriptions: In Iowa this includes only Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician’s Assistants (PA), or Advanced Registered Nurse Practitioners (ARNP).

Please complete this form and return to Waukee Community Schools Nutrition Dept. at the District Office

Part I (to be filled out by parent or guardian)
Name of Student: (Last) _______ (First) _______ (MI) _______
Date of Birth ______/_____/____ Age ______ School Attended by student ____________________________
Name of Parent/Guardian(s): ________________________________________________________________
Parent/Guardian Phone Number ( ) ______ - ________ Parent/Guardian E-mail ____________________________
Preferred way of communication (check one) Phone ☐ Email ☐

Part II (to be filled out by physician- reviewed/signed by parent or guardian)

1) Describe the medical need related to the diet order and “major life activity” (see above) affected.
Example: Allergy to peanuts affects ability to breathe.

2) Explain what must be done to accommodate the medical need:

Food(s) or Formula to Omit: Food(s) or Formula to Substitute:

Complete the back to provide additional details
Modified Texture: ☐ Not Applicable ☐ Chopped ☐ Ground ☐ Pureed
Modified Thickness of Liquids: ☐ Not Applicable ☐ Nectar ☐ Honey ☐ Spoon or Pudding Thick
Special Feeding Equipment: ☐ Not Applicable ☐ Equipment Needed: ____________________________
(Example: large handled spoon, sippy cup, etc.)
Infants under one year of age must receive iron-fortified infant formula or breast milk unless a Diet Modification Request Form is on file.

Licensed prescribing medical professional
(DO, MD, PA, OR ARNP ONLY)
_________________________________________________________
(Name, print or type) (Title)
_________________________________________________________
(Signature of medical professional) (Date)

The program must make accommodations for disabilities (see definition at top). Accommodations are not required for other medical conditions. It is at the discretion of the Waukee Schools Nutrition Department if an accommodation will be made.

Parent/Guardian signature: __________________________ Date: ____________
(To document choices and permission to share with appropriate staff as needed to make accommodations.)

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Check the box in front of food groups that should **NOT** be served and list the foods to be served instead.

### Lactose/milk – *Do not serve the items checked below:*
- Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes__ no
- Yogurt
- Milk based desserts such as ice cream and pudding
- Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese
- Cheese baked in products such as a casserole or on meat pizza
- Cold cheese such as string cheese or sliced cheese on a sandwich
- Milk in food products such as breads, mashed potatoes, cookies or graham crackers

### Soy - *Do not serve the items checked below:*
- Protein products extended with soy
- Processed items cooked in soy oil
- Food products with soy as one of the first three ingredients
- Food products with soy listed as the fourth ingredient or further down the list

### Egg - *Do not serve the items checked below:*
- Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold
- Eggs used in breading or coating of products
- Baked products with eggs such as breads or desserts

### Seafood – *Do not serve the items checked below:*
- Fish (Cod, tuna, tilapia, haddock, salmon, etc.)
- Shrimp
- Other: ____________________________________________

### Peanuts – *Do not serve the items checked below:*
- Peanuts, individually or as an ingredient
- Foods containing peanut oil
- Foods items identified as manufactured in a plant that also handles peanuts

### Tree nuts – *Do not serve the items checked below:*
- All nuts
- Food items identified as manufactured in a plant that also handles nuts
- Other: ____________________________________________

### Grains – *Do not serve the items checked below:*
- Foods containing wheat
- Foods containing gluten
- Oats
- Other: ____________________________________________

Serve these items instead:

**Questions? Please contact Nutrition Services at 987-2719; Fax 515-987-2701.**
**Please return this form to the Nutrition Service Department 560 S.E. University Avenue, Waukee, Iowa 50263.**

For office use only: To be kept on file in the Nutrition Services Office.
Date received by Nutrition: ____________________________ Date Communication made with parent/guardian ________________

Developed by the Iowa Department of Education, Bureau of Nutrition and Health Services 11/2017