## **School Meal Modification Form**

Section A: Student Name:	Grade:	School:		
Date of Birth:	Student	ID:		
Parent/Guardian Name:	Phone/	Email:		
Religious Modifications:				
Section B: (Completion by a Medical Authority Required) Is this Student's medical condition a disability? Yes No Diet Prescription: (mark all that apply) Diabetic (Carbohydrate Counting)				
Lactose Intolerance     Milk Beverage substitute: Juice or Water     Eliminate Milk Beverage Only     Eliminate All Foods that "May Contain Milk" Eliminate All Dairy				
Food Intolerances:         Egg Intolerance         Eliminate Eggs in Pure Form (egg white/yellow).         Allow eggs as ingredients in foods. (Examples: cookies, cake, waffles)         Wheat Intolerance         Eliminate Whole Wheat (breads, bun, pizza, pasta, donuts, etc).         Allow foods containing small amount of wheat (Examples: breading, roux in gumbo, etc).         Soy Intolerance         Eliminate Pure Soy.         Allow foods containing small amounts of soy (Examples: burger, chicken, etc.)         Corn Intolerance         Eliminate Whole Kernel Corn         Allow foods containing small amounts of corn (Examples: corn syrup, cereals, etc.)				
Eggs (All foods that may contain egg)		Wheat (All foods that m	•	
Soy (All foods that may contain soy) Corn (All foods that may contain corn) Peanuts/Tree Nuts (All foods that may contain and manufactured peanuts/tree nuts)				
Other Fish (All foods that may contain and manufactured pearlots/nee hots)				
Section C: (Completion by a Medical Authority Required) I certify that the above-named student needs modified school meals prepared as described above because of the student's medical condition:				
Medical Authority Name (print):		Phone Number:		
Medical Authority Signature:		Date:		
Please Note: We do not have allergy free kitchens for food prep. Cross-contamination is a risk. This document is in effect for the current 2023-24 school year and must be renewed annually. All incomplete forms will be returned to the cafeteria manager. Please send COMPLETED form to the Archdiocese of New Orleans SFNS.				
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