

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
 Eliminate Milk Beverage Only – Lactose Free Milk Available 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.)

Food Allergies:

- Eggs (All foods that may contain egg) Wheat (All foods that may contain wheat)
 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 fish)

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 2024-25 school year and must be renewed only if there are changes to the student's diet. 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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