Indianapolis Public Schools
Foodservice Department

myIPS

Annual Modified Meal Request

Fax to: (317) 226-4677 or Return Directly to the Foodservice Manager at Your Student's School

☐ Modified Meal Request Update ☐ Modified Meal Request **Start date :** _____ **End date :** _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Date	**School**	**Student First Name**	**Student Last Name**	
Date of Birth	**Street Address**		**City, State**	**Zip**
Parent or Guardian Home Number		**Parent or Guardian Cell Number**	**E-Mail Address**	

My child will require a menu modification at the following: ☐ **Breakfast** ☐ **Lunch**

I understand it is my responsibility to renew this form before each school year and any time my child's medical or health needs change.

Parent / Guardian Name Printed **Parent / Guardian Signature**

TO BE COMPLETED BY MEDICAL AUTHORITY

The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance):

_____

Food Restrictions* (check the appropriate boxes below):

- ☐ **Milk** - Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey.
- ☐ **Fluid Milk** - Milk to drink.
- ☐ **Peanuts** - Peanuts, peanut butter, and 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.
- ☐ **Egg** - Visible egg in dish such as an omelet.
- ☐ **Egg Ingredients** - Visible egg in 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 soybean oil, tofu, and whole soybeans (edamame).
- ☐ **Other** - _____

** Examples of individual food allergens provided are not all-inclusive; other foods may apply*

Texture Modification (if applicable)**:**

☐ Chopped ☐ Ground ☐ Pureed

*** Chopped:** Food is cut with a knife to "pea size" pieces. No liquid is added.
*** Ground:** Ground with added liquid in a food processor to "small curd" cottage cheese consistency.
*** Pureed:** Blended with added liquid in a food processor to a smooth, pudding consistency.

Nutrient Restrictions

- ☐ Carbohydrate
- ☐ Fat
- ☐ Sodium
- ☐ Protein
- ☐ Calories

List allotment by meal:

Breakfast: _____

Lunch: _____

Supper: _____

Snacks: _____

Food Allergen Management

What are the student's possible reactions to the indicated allergen(s) or conditions?

What are the medically necessary accommodations to help manage the health of the student?

Additional comments: _____

Prescribing Physician / Medical Authority Name Printed **Prescribing Physician / Medical Authority Signature**

IPS FOODSERVICE DIETITIAN NOTES

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This institution is an equal opportunity provider. *6/21/2017*

IPS FOODSERVICE DIETITIAN NOTES CONTINUED

Date	School	Student First Name	Student Last Name