

MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM

Two Rivers YMCA Nourish Program

Please return completed and signed form to the site supervisor.
 For questions, please contact the Nourish director, Rachel at rprice@ymcatr.org or 309-428-3073.

Part I: TO BE COMPLETED BY PARENT OR GUARDIAN		
Last Name _____	First Name _____	
School _____	Grade _____	Age _____
Guardian Email _____	Phone _____	
Based on information listed below my child will require a menu modification at the following: <input type="checkbox"/> Snack		
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper <input type="checkbox"/> Other _____
<u>I understand it is my responsibility to renew this form each school year and/or anytime my child's medical needs change.</u>		
Parent/Guardian Name PRINTED _____	Parent/Guardian SIGNATURE _____	Date _____
Part II: TO BE COMPLETED BY MEDICAL AUTHORITY (Licensed by the State of Illinois to prescribe medication)		
The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance, Diabetes, Anaphylactic Food Allergy)		
A. Food To BE OMITTED from diet* (check appropriate boxes below)		
<input type="checkbox"/> Dairy – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey		
<input type="checkbox"/> Fluid Milk- Milk to drink		
<input type="checkbox"/> Peanuts – Peanuts, Peanut Butter, Peanut oil		
<input type="checkbox"/> Tree Nuts – Almonds, hazelnuts, and cashews		
<input type="checkbox"/> Wheat – Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient		
<input type="checkbox"/> Gluten – Wheat, rye, barley, and non-certified oats		
<input type="checkbox"/> Fish – Fin-fish such as cod and tilapia		
<input type="checkbox"/> Shellfish – Shrimp and crab		
<input type="checkbox"/> Egg – Visible egg in a dish such as an omelet		
<input type="checkbox"/> Egg Ingredients – Egg white, egg yolk or whole egg as an ingredient		
<input type="checkbox"/> Soybean – Textured Soy Protein, Textured Vegetable Protein, tofu, and whole soybeans (edamame)		
<input type="checkbox"/> Soybean Ingredients – Soy protein concentrate, soy protein isolate, soy sauce, soy flour, and unrefined soybean oil		
<input type="checkbox"/> Other - _____		
*Examples of individual food allergens provided are not all-inclusive, other foods may apply.		
B. Adjustment to meal preparation (i.e. food puree) and/or serving time(s):		
C. Food Management Plan		
What are the possible reactions/symptoms to the indicated allergen(s) or conditions? _____		
REQUIRED List all acceptable and safe substitutes: _____		
Comments _____		
Prescribing Medical Authority Name PRINTED _____	Prescribing Medical Authority SIGNATURE _____	Date _____
Part III: TO BE COMPLETED BY NOURISH STAFF		
Date Received: _____	By (signature): _____	
Date Implemented: _____	By (signature): _____	
Other Information: _____		