

MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM

Two Rivers YMCA Nourish Program

Please return completed and signed form to the site supervisor.

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 _____	
I understand it is my responsibility to renew this form each school year and/or anytime my child's medical needs change.		
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: _____		