



South Madison Community School Corporation  
**Dietary Modifications Request Form**



**BACKGROUND** (from SMCSC Student Handbook):

NUTRITION INFORMATION AND DIETARY MODIFICATIONS

Nutrient analysis and allergen identification for foods served in meals is available to students and parents. This information can be accessed through the mobile application Mealviewer or by viewing Mealviewer online menus at [www.smcsc.com/nutrition](http://www.smcsc.com/nutrition).

Students with special dietary needs can bring foods prepared from home or may be eligible for a modification to the meal provided by school. Dietary modifications to student meals are made on an individual, case by case basis. If a student desires to receive a modification to school meals, parent must contact school nurse to explain modification request and complete the proper documentation (SMCSC Dietary Modifications Request form) as necessary. Modifications include substitutes or omissions to the regular meal offerings that meet the student’s individual dietary need. All requests must begin with the school nurse and will then be evaluated by the SMCSC Director of Nutrition Services. Director of Nutrition Services will discuss available options with parents/student in order to create a specialized diet plan for student. School level cafeteria personnel cannot approve or implement any modification requests. SMCSC will make every effort to implement modifications in a timely manner, but in order for students to be served as quickly as possible, parents should make such requests at least two weeks prior to the desired start date of the modified service. In the case where specific allergens can be avoided without requesting modifications to the regular menu, school nurse should still be notified. SMCSC will work to ensure students can access a safe meal according to specific dietary needs, but cannot guarantee that the school environment is 100 % free from particular reaction-causing food items. Therefore, especially in the case of life-threatening allergens or conditions, the best way of ensuring your child’s safety would be for your child to bring his/her own lunch from home to school. For more information and to view this form, go to [www.smcsc.com/nutrition](http://www.smcsc.com/nutrition).

**TYPES OF MODIFICATIONS**

Modifications are made in the form of providing a substitute to part of a regular school meal in order to meet the dietary needs of the individual student. There are certain modifications that are more common than others and the substitute available is standardized as outlined below:

Dietary Need	What is substituted
Lactose Intolerance	Soy Milk instead of Regular Milk
Celiac Disease / Gluten Free	Gluten Free Entrée options: <b>Elementary:</b> Chef Salad + Granola, PBJ on GF Bun, Ham & Cheese Sandwich on GF Bun <b>Middle/High:</b> Chef Salad + Granola, Ham & Cheese Sandwich on GF Bun, daily entrees that are GF, daily entrees that can be subbed with GF Bun
Food Allergy	No modifications are usually made for food allergies as there are generally options available on the menu that do not contain allergy-containing foods as an option. In situations where this is untrue, additional modifications can be made.

Other dietary modifications should be described using this form and will be considered on an individual basis.

**HOW TO RECEIVE MODIFICATION**

Parents must complete this form in its entirety to ensure that SMCSC can address your student’s needs.

Upon completion of this form, please **return it to your school nurse**. The Director of Nutrition Services will contact you to discuss the plan to address your student’s modifications.

Please understand that this process can take time to complete (order food and train staff). To ensure that we can properly accommodate your child, please make sure you have completed this form at least (2) weeks in advance of when your child will be eating at school. If you have any questions regarding this process, please contact your child’s school nurse. Thank you in advance for your cooperation.



# Dietary Modifications Request Form

*Complete and return to School Nurse*



## SECTION 1: STUDENT INFORMATION

Student's Name	Grade	Date of Birth
Parent/Guardian Name		School
Email Address:	Cell Phone Number:	Other Phone Number (if applicable):

**Liability Notice:**

Food allergies, intolerances, and special dietary needs present a special challenge to a school corporation due to the large number of students served in our cafeterias and food that is brought to school from students' homes. South Madison Community School Corporation will work with the students and parents to accommodate those who have qualified disabilities that require meal substitutions and complete appropriate documentation, but the school corporation cannot guarantee that the school environment is 100 % free from particular reaction-causing food items. Therefore, the best way of ensuring your child's safety would be for your child to bring his/her own lunch to school.

If your child decides to eat food prepared or provided by the School Corporation, then you and your child will have to assume any risk that the school's food could cause an allergic reaction. By assuming this risk, you will be releasing South Madison Community School Corporation, and its employees and agents, from any responsibility for monitoring your child's food choices and any liability that may be caused by an allergic reaction.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SECTION 2: DESCRIPTION OF DIETARY NEED

Please check below which diagnosis and dietary modification your child requires:

- Lactose Intolerance (see page 1 for details about substitute available)
- Celiac Disease / Gluten Free (see page 1 for details about substitute available)
- Other (please describe below)

Medical Diagnosis: \_\_\_\_\_

Foods that must be omitted: \_\_\_\_\_

Suggestions for substitutions: \_\_\_\_\_

Please provide any additional information that might be applicable: \_\_\_\_\_

**NOTE: At this time, no Physician signature is required. SMCSC may determine that Physician or other Medical Professional signature and orders are required. If required, you will be notified as soon as possible.**

**Parent/Guardian Consent:**

*I hereby give permission for the school staff to follow the stated nutrition plan above. I give my permission for the School Nurse, or designee, to share such information with appropriate school personnel.*

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**