

Annual Modified Meal Request

Email to: foodservices@pphs.purdue.edu or return directly to the culinary services associate 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	
<p>My child will require a menu modification at the following:</p> <p><input type="checkbox"/> Breakfast</p> <p><input type="checkbox"/> Lunch</p> <p><input type="checkbox"/> Supper</p> <p><u>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.</u></p>				
Parent / Guardian Name Printed			Parent / Guardian Signature	

TO BE COMPLETED BY MEDICAL AUTHORITY

<p>The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance):</p> <p>_____</p>		
<p>Food Restrictions* (check the appropriate boxes below):</p> <p><input type="checkbox"/> Milk - Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey. Fluid Milk - Milk to drink.</p> <p><input type="checkbox"/> Peanuts - Peanuts, peanut butter, and peanut oil.</p> <p><input type="checkbox"/> Tree Nuts - Almonds, hazelnuts, and cashews.</p> <p><input type="checkbox"/> Wheat - Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient. Gluten - Wheat, rye, barley, and non-certified oats.</p> <p><input type="checkbox"/> Fish - Fin-fish such as cod and tilapia.</p> <p><input type="checkbox"/> Shellfish - Shrimp and crab.</p> <p><input type="checkbox"/> Egg - Visible egg in dish such as an omelet.</p> <p><input type="checkbox"/> Egg Ingredients - Visible egg in dish and egg as an ingredient.</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Examples of individual food allergens provided are not all-inclusive; other foods may apply</i></p>	<p>Nutrient Restrictions</p> <p><input type="checkbox"/> Carbohydrate</p> <p><input type="checkbox"/> Fat</p> <p><input type="checkbox"/> Sodium</p> <p><input type="checkbox"/> Protein</p> <p><input type="checkbox"/> Calories</p> <p><u>List allotment by meal:</u></p> <p>Breakfast: _____</p> <p>Lunch: _____</p> <p>Supper: _____</p> <p>Snacks: _____</p>	<p>Food Allergen Management</p> <p>What are the student's possible reactions to the indicated allergen(s) or conditions?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Foods to be omitted</u></p> <p>_____</p> <p>_____</p> <p>_____</p>

		Foods to be substituted:
Texture Modification (if applicable): <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> 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.		
Additional comments: <hr/> <hr/> <hr/>		
Prescribing Physician / Medical Authority Name Printed		Prescribing Physician / Medical Authority Signature

PPHS CULINARY SERVICE NOTES
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