



Return To:
Food & Nutrition Services
Attn: Rebecca Garofano
369 6th North Street
Syracuse, NY 13208

MEAL MODIFICATIONS AT SCHOOL

Name of Student: School: Grade:

Description of Physical or Medical Impairment:

Current Food Allergies

- Egg, Fish, Peanut, Shellfish, Tree Nut, Soy, Wheat, Milk, Lactose Intolerance, Other:

Food Allergies to be Removed from School Record:

- Egg, Fish, Peanut, Shellfish, Tree Nut, Soy, Wheat, Milk, Lactose Intolerance, Other:

Is this condition permanent or temporary? Permanent Temporary
If temporary, please give length of time instructions are to be followed with explanation:

Diet Prescription: (Check all that apply)

Allergies (Describe)
Other (Describe)

Foods Omitted From Diet:

Substitutions: Specific Substitutions Needed:

Substitutions can be determined by SCSD Registered Dietitian

Other Information Regarding Meal Modifications:
(Please provide additional information below or attach to this form.)

I certify that the above-named student needs meal modifications as described because of the student's physical or medical impairment.

Medical Professional's Signature Office Phone Number Date