

Return To: Your School Nurse or Food & Nutrition Services 369 6th North Street Syracuse, NY 13208

MEAL MODIFICATIONS AT SCHOOL

Name of Student:	School:	Grade:
Description of Physical or Medical Condition:		
Current Food Allergies: (Check all tha		
	□ Peanut □Tree Nut	
	☐ Soy Lecithin (in baked products)	
	□ Full Egg (including baked products	
	□ Fluid Milk □ Cheese □ Yo	
Food Allergies to be Removed from S	School Record: (Can now eat)	
□ Fish □ Shellfish	□ Peanut □Tree Nut	
	\square Soy Lecithin (in baked products)	
	☐ Full Egg (including baked products	
	□ Fluid Milk □ Cheese □ Yo	_
s this permanent or temporary? f temporary, please give length of til	me instructions are to be followed with ex	xplanation:
For both allergies and other condition	ons:	
□Specific Substitutions Needed: (ex:	type of milk)	
□Substitutions can be determined by	SCSD Registered Dietitian	
Other Information Regarding Meal	Modifications:	
Please provide additional information	on below or attach to this form.)	
Certify that the above-named studer	nt needs meal modifications as described	for medical reasons.