



North East Independent School District Meal Modification Request for School Year 2026-27

The school meal modification request must be submitted to the School Nurse by the parent or guardian. A new form is required yearly. Allergen restrictions are listed on the back of the form. **This form must be completed and signed by a Texas Licensed Medical Authority (Physician, Physician Assistant or Advance Practice Nurse).**

Student Legal Name: Last _____ First _____ Middle Initial _____

Date of Birth _____ Student ID # _____ School _____ Grade (9/2026) _____

1) Condition/Diagnosis that requires a special diet or food modification at school: _____

➤ This form is not needed for lactose intolerance, as the district offers lactose free and soy milk with meals.

2) Does this student have a disability? Yes _____ No _____

Under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

If yes, check the major life activities affected by the disability and reason the disability prevents the child from eating the regular school meal.

breathing _____; eating _____; hearing _____; learning _____; seeing _____; speaking _____; walking _____;
performing manual tasks _____; caring for oneself _____

- The School Nutrition Services staff will make every attempt to reasonably accommodate students that have dietary restrictions that are not life threatening or not reported by a medical authority as a disability.
- School Nutrition Services will not make menu accommodations based on religious beliefs or food preferences.

Medical Authority Name (print): _____ Date: _____

Medical Authority Signature: _____ Phone: _____

Registered Dietitian working with the case: _____ Phone: _____

*I understand that if my child's medical or health needs change, it is my responsibility to notify the school and submit a new Meal Modification Request. **Parent/guardian may submit a request in writing or email to schoolnutrition@neisd.net to remove diet restrictions.***

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Phone: _____ Email: _____

Updated 3/2026

Allergen & Texture Modification Check List: Check the food allergen(s) to be omitted from the child's diet or check the no substitution needed box. Review the foods that are recommended substitutions. School Café may be used to view allergen information for menu items: <https://www.schoolcafe.com/NorthEastSD> For Texture Modifications, check as needed.

<input type="checkbox"/> No Substitution Needed		
<input type="checkbox"/> Peanut/Tree Nut Allergy Common School Items: Scones and a few prepackaged snack items processed in a facility that contains peanuts/tree nuts	Diet Restriction Restricts nut products	Substitution Could Include Nut free snack
<input type="checkbox"/> Milk & Milk Proteins Allergy (not lactose intolerant) Common School Items: Milk, yogurt, ranch dressing, entrée salads, cheese products, some breaded entrees, ice cream, pudding, some bread products, most breakfast entrees	Diet Restriction Restricts all dairy products, including milk solids, casein, whey, and lactalbumin	Substitution Could Include A dairy-free menu will be planned and provided for the cafeteria staff to prepare. Parent must contact SchoolNutrition@neisd.net to request a menu plan
<input type="checkbox"/> Wheat Allergy (Wheat, Rye, Barley) Common School Items: Bread/buns, rolls, flour tortillas, crackers, croutons, breaded meat items, pizza products, corn dogs, pasta, pretzels, spicy hash browns, gravy, soy sauce, breakfast cereal, most breakfast entrees, cookies, cereal bars, some ice cream products	Diet Restriction Restricts wheat, rye, and barley, including wheat flours, starch, wheat extracts, and thickeners	Substitution Could Include A wheat-free menu will be planned and provided to the cafeteria staff to prepare. Parent must contact SchoolNutrition@neisd.net to request a menu plan
<input type="checkbox"/> Soy Protein Allergy (Please specify below) Allergic to all soy: <u>cannot tolerate</u> soy oil and soy lecithin <input type="checkbox"/> <u>Can tolerate</u> soy oil and soy lecithin Common School Items <u>Soy protein:</u> Most entrees, spring rolls, soy milk, soy sauce <u>Soy oil:</u> Most bread items, fried rice, most entrees, salad dressings, ranch dip, packaged snacks, gravy	Diet Restriction Restricts all soy products, including soy oil & soy lecithin OR Restricts soy protein products but allows items with soy oil & soy lecithin	Substitution Could Include A soy-free menu will be planned and provided to the cafeteria staff to prepare. Parent must contact SchoolNutrition@neisd.net to request a menu plan
<input type="checkbox"/> Egg Allergy (Please specify below) <input type="checkbox"/> Allergic to all egg products: <u>cannot tolerate</u> baked goods, breading on meats, mayonnaise, etc. <input type="checkbox"/> Whole Egg Allergy: <u>tolerates</u> eggs in baked goods, mayonnaise, pasta, and breading on meats Common School Items: <u>Eggs as an ingredient</u> - breaded meat, mayonnaise products, pasta, French toast, cinnamon rolls, rolls, etc. <u>Whole eggs</u> - Breakfast tacos, omelets, hard-cooked eggs	Diet Restriction Egg Allergy restricts <u>eggs</u> in baked items, mayonnaise-based and breaded meat items OR Whole Egg Allergy <u>allows eggs</u> in baked items, mayonnaise, pastas, and breaded meat items.	Substitution Could Include Egg Allergy: An egg-free menu will be provided to the cafeteria staff to prepare. Parent must contact SchoolNutrition@neisd.net to request a menu plan. Whole Egg Allergy - Alternate menu items available daily
<input type="checkbox"/> Fish (seafood, shellfish) Common School Items: Fish and a few ingredients processed in a facility that contains fish	Diet Restriction Restricts fish	Substitution Could Include Alternate menu choice of the day
<input type="checkbox"/> Texture Modification Required Liquids: <input type="checkbox"/> Thin <input type="checkbox"/> Nectar Thick <input type="checkbox"/> Honey Thick <input type="checkbox"/> Pudding Thick Solids: <input type="checkbox"/> Pureed <input type="checkbox"/> Mech Soft/Ground <input type="checkbox"/> Mech Soft/Chopped		

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