SPECIAL DIETARY MEDICAL STATEMENT
Please send to Student’s School/Institution

Date: ____________________________________________
Student Name: ___________________________________________________________

**MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN**
(Accommodation that alters the USDA meal pattern; ex. fruit cannot be served to student)

Foods to be Avoided:
______________________________________________________________

Brief explanation of how exposure to this food affects the student:
______________________________________________________________

Recommended Substitute to this Food:
______________________________________________________________

Signature of Licensed Medical Professional __________________________
Printed Name of Licensed Medical Professional _______________________

**MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN**
(Accommodation within one of the 5 food items; ex. orange served instead of an apple)

Foods to be Avoided:
______________________________________________________________

Brief explanation of how exposure to this food affects the student:
______________________________________________________________

Recommended Substitute to this Food:
______________________________________________________________

Signature __________________________ Printed Name __________________________
Title __________________________

Please refer to Page 14 of USDA-FNS ACCOMMODATING CHILDREN WITH DISABILITIES IN THE SCHOOL MEAL PROGRAMS, JULY 25, 2017

Meal Pattern = Meat/Meat Alternate, Grain, Vegetable, Fruit and Milk

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