

Section C: Requests by a Parent/Guardian for Children With and Without a Medical Need

Completed and signed by a parent/guardian

Student does have a medical need and is requesting a special meal accommodation including milk that is within the USDA meal pattern. (Examples: Child is allergic to strawberries. A different fruit could be substituted. A milk substitute that is USDA approved is within the meal pattern. A gluten-free request will require a Physician's signature as there are very limited whole grain gluten-free options.)

Student **doesn't** have a medical need but is requesting a special meal accommodation due to preferences, religious or moral convictions. (An accommodation **may** be made)

- Please describe the meal modification request:

- Request for specific foods to be omitted and substituted. You may attach additional sheets as needed:

Foods to be Omitted	Foods to be Substituted

• Indicate Texture Requested: Regular Chopped Ground Pureed

• Adaptive Equipment Requested: _____

Signature of Parent/Guardian	Printed Name	Telephone #	Date
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To be completed by the SFA:

- Additional Information Needed
- Comments:

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Medical Statement to Request Special Meals, Accommodations, and Milk Substitutes in School Nutrition Programs

Note: Please return this form to the student's school district and/or school in which they are enrolled.

Section A: Student Information

Completed by parent/guardian

Student's Name:	Date of Birth
Name of District and School:	Grade Level:
Parent/Guardian Name	Address, City, State, Zip Code
Daytime Phone:	
Evening Phone:	

Section B: Requests by a Physician for Modifications/Substitutions Due to Disability or Medical Need

Completed and signed by a recognized medical authority, including phone number of office name and address.

- Student has a disability or medical need which requires a special meal or accommodation.
 - Please describe the physical or mental impairment and how it restricts the diet:

 - Diet Prescription and/or accommodation (please describe in detail to ensure proper implementation):

 - Specific foods to be omitted and substituted. You may attach additional sheets as needed:

Foods to be Omitted	Foods to be Substituted

- Indicate Texture: Regular Chopped Ground Pureed

- Adaptive Equipment Needed: _____

Signature of Medical Authority	Printed Name	Telephone #	Date
		Address	

To be completed by the SFA:

- Additional Information Needed
- Comments: