

Request for Meal Modifications

Student/Participant Name

Date of Birth

Parent/Guardian Name

Phone

City/State

Zip

School

Grade /Classroom

Signature of Parent /Guardian

Date

Meal Modification Medical Statement

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

- 1. Describe the impairment and how it restricts the child's diet** (i.e., how the ingestion/contact with the food impacts the child):

- 2. Explain what must be done to accommodate the child's diet** (i.e., specific food(s) to be omitted/avoided from the child's diet):

- 3. List food(s) and/or beverages to be omitted or modified AND recommended alternatives:**

Signature of State-Recognized Medical Authority*

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Clinic Name

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ADDITIONAL DOCUMENTATION MAY BE ATTACHED TO SUPPORT THE REQUEST.

Approved **Denied** **Date** _____

Reason for denial _____

To appeal decision, contact the DOS office at 931-484-6135

Revised 7/11/2022

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