# SPECIAL DIETARY MEDICAL STATEMENT

**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**

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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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