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Commissioner

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DEPARTMENT OF EDUCATION
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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 _____

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