

Request for Meal Accommodation

Student Name

Date of Birth

School Name

Grade /Classroom /Teacher

Mailing Address, City, State and Zip-code

Parent /Guardian Name

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 that 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 child's disability /impairment /condition and how it restricts the child's diet** (i.e., how the ingestion/contact with the food impacts the child. A diagnosis is not required):

2. **Explain what must be done to accommodate the child's disability /impairment /condition** (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*

Date

Clinic Name