Request for Meal Modifications

Student/Participant Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone _____

Mailing Address _____ City/State/Zip _____

School/Center/Site _____ 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* _____ Date _____

Clinic Name _____

*State-Recognized Medial Authority is a licensed health care professional authorized to write medical prescriptions in Tennessee: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Advanced Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), and Optometrist (OD), and Dentist (DDS or DMD).

Revised: April 2020 Putnam Co. School Nutrition