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Soaring to Excellence

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SPECIAL DIETARY MEDICAL STATEMENT

Please send to Student's School/Institution as listed above

Student Full Name: _____ Date Completed: _____

School and Grade: _____

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