

JACKSON-MADISON COUNTY SCHOOL NUTRITION SERVICES
Request for Meal Modifications

_____	_____
Student's Name	Date of Birth
_____	_____
Parent / Guardian's Name	Telephone
_____	_____
Mailing Address	City / State / Zip
_____	_____
School	Grade / Classroom
_____	_____
Signature of Parent / Guardian	Date

Meal Modification Medical Statement

Federal law and USDA regulation require school 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 impairment. How does it restrict the child's diet? Example: Allergy to peanuts affects ability to breathe.				
2. Foods to be Omitted and Substituted: List specific foods to omit or substitute. If more space is needed, sign and attach additional sheet of paper.				
Omit Foods Listed Below:		Substitute Foods Listed Below:		
3. Type of Special Diet: <input type="checkbox"/> Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.)				
4. Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed
5. Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Spoon or Pudding Thick
6. Special Feeding Equipment: _____ <input type="checkbox"/> Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).				
Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Advanced Registered Nurse Practitioner (ARNP), Podiatrist (DPM) and Optometrist (OD).				
Signature: _____		Title: _____		
Printed Name _____		Phone: _____	Date: _____	
Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.				
I give permission for school personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school staff.				
Parent/Legal Guardian's Signature & Date: _____				