



Request for Meal Modifications

Student/Participant Name

Date of Birth

Parent / Guardian Name

Phone Number

Mailing Address

City/State/Zip

School 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 medical authority is a licensed health care professional authorized to write medical prescriptions in Tennessee: Medical Doctor, Doctor of Osteopathy, Physician's Assistant with prescriptive authority, Advanced Registered Nurse Practitioner, Podiatrist, and Optometrist

This institution is an equal opportunity provider.