

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, texture modifications, feeding equipment, feeding assistance, etc.):
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 (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).

