



**REQUEST FOR MEAL MODIFICATIONS**

\_\_\_\_\_  
Student/Participant Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
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 (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Advanced Registered Nurse Practitioner (ARNP), Podiatrist (DPM), and Optometrist (OD).

**This institution is an equal opportunity provider.**