

Crockett County School Nutrition  
Request for Meal Modifications

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

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

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/ State/ Zip

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Meal Modification 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 as well as dietary sensory issues, but does not include 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: \_\_\_\_\_

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\*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).