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Commissioner

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### SPECIAL DIETARY MEDICAL STATEMENT

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_

|  |   |
|--|---|
| <b>MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN</b>                                  |   |
| (Accommodation that alters the USDA meal pattern; ex. fruit cannot be served to student) |   |
| Foods to be Avoided:   |   |
| _____  |   |
| _____  |   |
| Brief explanation of how exposure to this food affects the student:                      |   |
| _____  |   |
| _____  |   |
| Recommended Substitute to this Food:   |   |
| _____  |   |
| _____  |   |
| Signature of Licensed Medical Professional   | Printed Name of Licensed Medical Professional |

|   |              |       |
|---|--------------|-------|
| <b>MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN</b>                                |              |       |
| (Accommodation within one of the 5 food items; ex. orange served instead of an apple) |              |       |
| Foods to be Avoided:  |              |       |
| _____   |              |       |
| _____   |              |       |
| Brief explanation of how exposure to this food affects the student:                   |              |       |
| _____   |              |       |
| _____   |              |       |
| Recommended Substitute to this Food:  |              |       |
| _____   |              |       |
| _____   |              |       |
| Signature   | Printed Name | Title |

Please refer to Page 14 of USDA-FNS *ACCOMMODATING CHILDREN WITH DISABILITIES IN THE SCHOOL MEAL PROGRAMS, JULY 25, 2017*

*Meal Pattern = Meat/Meat Alternate, Grain, Vegetable, Fruit and Milk*