

# GWRSD AND MIDDLETON SCHOOL DISTRICT

## SPECIAL DIETARY MEDICAL STATEMENT

Please send to Student's School/Institution as listed above

Student Full Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

School and Grade: \_\_\_\_\_

### **MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN**

(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

### **MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN**

(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*

TDD Access: Relay NH 711  
EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES  
**This institution is an equal opportunity provider**

Updated 12.30.22