



School Nutrition

Services

School Nutrition Services

Bulloch County Board of Education
18201 Highway 80 West
Statesboro, GA 30458
Phone (912) 212-8620
Fax (912) 212-8629

July 3rd, 2023

Dear Parent/Guardian:

The Bulloch County School Nutrition Program regulations require that meals offered in the schools meet the meal patterns identified in the program regulations. Food substitutions may be made for medical or special dietary needs on a case-by-case basis if supported by a statement signed by a recognized medical authority. A recognized medical authority may include physicians, physician assistants, or nurse practitioners.

The attached *Authorization for Meal Modification* form contains the required information needed to accommodate your child. Please have your medical authority complete and return to:

Desiree Yaeger
Director of School Nutrition Services
Bulloch County Board of Education
18201 Hwy 80 West Statesboro, GA 30458

Be sure you sign on the parent/guardian signature line.

Your child's health is very important to us. The School Nutrition Program utilizes The Offer vs. Serve meal service at our elementary schools, middle and high schools (Pre-K not included). This means your child may be able to make choices for his meal and choose something else he is not allergic to. We will make every attempt to accommodate your child's dietary needs; however, if your child requires a special dietary item we do not have on grocery bid, you may need to supply a particular item(s). Please know our School Nutrition Program is not able to handle the vegetarian and/or religious (i.e. no pork) dietary requests. Parents and students are able to view the menus on the Bulloch County School System web page and our elementary children also receive a copy to review monthly and make accommodations for meals from home.

The attached form will stay on file until we receive written notification from the parent to remove. I look forward to working with you and your child. Feel free to call if you have any questions at 912-212-8620.

Healthy Regards,

Desiree Yaeger

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Director of School Nutrition Services



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2023-2024 AUTHORIZATION FOR MEAL MODIFICATIONS

Student Name _____
Address _____
City _____

School _____
Date of Birth _____
State _____ Zip _____

MEDICAL REASON FOR MODIFICATION _____

Foods to be omitted by the School Nutrition Program due to intolerances/allergies:

Recommended alternate foods:

Parent/Guardian Signature

Medical Authority Signature

Date

Telephone Number

Title

Address

City State Zip Code

Telephone Number