

Student Name: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Meal Modification Request Form

<b>Student Name</b>		<b>School</b>	
<b>What Food(s) Should be Avoided:</b>		<b>Recommended Substitutions:</b>	
<b>Brief Explanation of How Exposure to the Food(s) Effects the Child:</b>			
<b>Are There Any Other Modifications to the Meal Needed:</b>			
<b>Signature of Parent/Guardian</b>	<b>Printed Name</b>	<b>Date</b>	
<b>Signature of Medical Authority</b>	<b>Printed Name</b>	<b>Date</b>	

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 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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