



# NOBLESVILLE SCHOOLS

## Medical Statement for Food Substitutions & Modifications School Year 2024-25

This form is to be used when requesting food substitutions or modifications. USDA Regulation 7 CFR Part 15b requires substitutions or modifications in school meals for children who cannot eat school meals due to a disability, medical need, or impairment. **Statements for substitutions must be completed and returned to Nutrition & Food Services each school year.**

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

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

List the foods to be avoided: \_\_\_\_\_

Please provide any additional information: \_\_\_\_\_

\_\_\_\_\_

Medical Authority (Printed): \_\_\_\_\_

Medical Authority with prescriptive rights signature: \_\_\_\_\_

### **Please return to Education Service Center**

For questions, contact Christine Stinson, RDN, LDN at 317-773-3171 ext. 10421

This institution is an equal opportunity provider