

# LAURENS COUNTY SCHOOLS

## MEDICAL STATEMENT TO REQUEST MEAL MODIFICATIONS

Part 1: To be completed by Parent/Guardian			
Child's Name	Age of Child	School Name	Grade/Classroom
Parent/Guardian Name (Please Print)			
	Phone Number		Email Address
Parent's Signature			Date
Part 2: Complete all sections applicable.			
Please provide a description of the child's physical or mental impairment and how it restricts the child's diet.			
Please explain how to accommodate the child's need.			
List any dietary restrictions or special diet instructions for school meals.			
List food(s) to be omitted from diet:		List food(s) to be substituted:	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
Designate texture modifications needed for all foods:		Designate consistency for liquids:	
<input type="checkbox"/> Pureed <input type="checkbox"/> Diced/finely ground <input type="checkbox"/> Chopped/cut into bite-sized pieces		<input type="checkbox"/> Pudding thick <input type="checkbox"/> Nectar thick <input type="checkbox"/> Honey thick <input type="checkbox"/> Thin/normal consistency	
Additional comments about the child's eating or feeding patterns:			
Signature Below (See Guidance and Instructions on page 2)			
Signature of State Licensed Healthcare Professional			Date
State Licensed Healthcare Professional's Name, Title & Phone Number (Please Print)			Date

**Instructions**

**Part 1:** To be completed by the parent/guardian for all special dietary requests.

**Part 2:** Please provide sufficient detail for the school food service to make appropriate accommodations. This section must be completed by a licensed healthcare professional when the modified meal does not meet the Program meal pattern requirements. The district Section 504 Coordinator, School Food Service Professional and/or other team member will work with you to manage the process of meal modifications.

**Signature:** Signature from a **licensed healthcare professional** may be required when the reasonable modification does not meet the Program meal pattern requirements.

**State Licensed Healthcare Professional** is a professional who is authorized to write medical prescriptions under State law. Please refer to the Medical Association of Georgia, **Georgia Prescribers Chart**:

<http://www.mag.org/sites/default/files/downloads/georgia-prescribers-chart.pdf>.

**Parents - Please Note:** *Completed form may be returned to the Laurens County Board of Education Office at the address below or may be returned to your child's school at the attention of the School Nutrition Manager. The Laurens County School Nutrition Program and Laurens County School Nurses work very closely with each other; however, because the school nutrition program is an USDA funded program, THIS modification form MUST be on file with the Laurens County School Nutrition Program before any diet modifications can be made. If you need assistance with the form or have any questions, please feel free to contact us.*

Donna Sapp, School Nutrition Director  
 Laurens County Schools  
 467 Firetower Road  
 Dublin, GA 31021  
 Phone: 478-272-4767  
 Fax: 478-609-0360  
[donnasapp@lcooe.net](mailto:donnasapp@lcooe.net)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410; or
2. **fax:**  
 (833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.