

TELFAIR 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: <input type="checkbox"/> Pureed <input type="checkbox"/> Diced/finely ground <input type="checkbox"/> Chopped/cut into bite-sized pieces	Designate consistency for liquids: <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 Telfair 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 Telfair County School Nutrition Program and Telfair 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 Telfair 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.*

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Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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