Fayetteville City Schools
MEDICAL STATEMENT FOR MEAL MODIFICATION

PART A: Student, Parent/Guardian, & School Contact Information—*To be completed by parent/guardian.*

Student Name: _____	**Date of Birth:** _____
Parent/Guardian Name: _____	**Parent/Guardian Phone:** _____
Reason for Request: ☐ **Life threatening food allergy** ☐ **Disability** ☐ **Other (specify):**_____	**School Name and grade:** _____

Specify the student's medical needs and how this restricts his/her diet.

PART B: Food Allergies/Intolerances/Dietary Restrictions— *To be completed by a recognized medical authority. Indicate the food items that must be omitted from school provided meals and list any food substitutions.*

◯ **Milk**	◯ **Shellfish**
◯ **Egg**	◯ **Soy**
◯ **Peanut**	◯ **Wheat**
◯ **Tree Nut**	◯ **Other:** _____
◯ **Fish**	

Comments/Specific instructions/Recommended food alternatives:

Food Texture Modifications—*To be completed by a recognized medical authority. Select the texture modification prescribed and specify which types of foods should be modified.*

☐ **Chopped** ☐ **Ground** ☐ **Pureed** ☐ **Not Applicable**

Comments/Specific Instructions:	
Signature of Medical Authority required.	
_____ **Physician/Medical Authority Signature**	**Office Phone Number: _____**

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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

This institution is an equal opportunity provider.