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: ☐ Pureed ☐ Diced/finely ground ☐ Chopped/cut into bite-sized pieces	Designate consistency for liquids: ☐ Pudding thick ☐ Nectar thick ☐ Honey thick ☐ 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.*

Cindy Marshall, School Nutrition Director
212 Huckabee Street
McRae Helena, Georgia 31055
Phone: 229-868-5661
Fax: 229-868-5549
cmarshal@telfairschools.org

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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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