



Modified School Meals Form

***Current Federal regulations require that requests for modified meals and special diets be authorized by a State licensed healthcare professional, such as a physician or nurse practitioner (7 CFR 226.20(g), and 225.16(f)a. For each student requesting modified school meals, this form is to be completed and maintained with the student's health records at school.**

For each student requesting modified school meals, the following procedures will be followed:

- 1) The parent will need to complete the parent/guardian portion of the Modified School Meals Form and take the form to their medical provider for the medical portion to be completed.**
- 2) Please return the completed form to the School Nutrition Site Manager.**
- 3) Once a form is completed and returned to the School Nutrition Site Manager, modified diet accommodations will be made for the child. (Please note that accommodations can not be done until all information is received from the provider.)**
- 4) The original completed Medical Referral form will be kept on file in the School Nutrition Site Manager's office.**

A copy will be given to the school administration to be placed in the child's medical record.

An additional copy will be kept in the School Nutrition Services Director's office which is located in the Scott County Board of Education office complex.



Modified School Meals Form

TO BE COMPLETED BY PARENT/GUARDIAN

School _____ Date _____

Student _____ Birthdate _____

Parent/ guardian _____ Phone _____

Address _____ Zip _____

Special Diet/ Modified meals requested _____

Signature of School Nurse or school personnel _____ Date _____

Signature of Parent/ Guardian _____ Date _____

TO BE COMPLETED BY STATE LICENSED HEALTHCARE PROFESSIONAL

Is the diet modification listed above appropriate at this time? Yes ___ No ___

If this student requires texture-modified meals, specify: _____

Are there foods which should not be served to this student? Yes ___ No ___ If Yes, List foods which should not be served

If Yes, also list suggestions for alternative foods which may be served to this student _____

Does the student have special nutritional or feeding needs? Yes ___ No ___

Does the student have a disability? Yes ___ No ___

List any allergies or food intolerances to avoid _____

Which, if any, of these allergies is life threatening? _____

Signature of Provider _____ Date _____

Office Address _____ Office Phone _____

kc08/2025