

Crockett County School Nutrition Request for Meal Modifications

Student/Participant Name

Date of Birth

Parent/Guardian Name

Phone

Mailing Address

City/ State/ Zip

School

Grade

Signature of Parent/Guardian

Date

Meal Modification Statement

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions as well as dietary sensory issues, but does not include diet preferences.

- 1. Describe the impairment and how it restricts the child's diet (i.e., how the ingestion/contact with the food impacts the child):**

- 2. Explain what must be done to accommodate the child's diet (i.e., specific food(s) to be omitted/avoided from the child's diet):**

- 3. List food(s) and/or beverages to be omitted or modified and recommended alternatives:**

Signature of State Recognized Medical Authority*

Date

Clinic Name: _____

*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in Tennessee: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Advanced Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), Registered Dietitian Nutritionist (RD/RDN), Optometrist (OD), and Dentist (DDS or DMD). The medical statement form must be signed by a medical office and not a licensed health care professional within the school district.

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