National School Lunch Program (NSLP)

Special Dietary Medical Statement

Purpose: 7 CFR 210.10(m) requires School Food Authorities (SFAs) to make meal modifications, including substitutions in lunches and afterschool snacks, for children with a disability and whose disability restricts their diet. The modification requested must be related to the disability or limitations caused by the disability and must be offered at no additional cost to the child or household.

Directions: A State Licensed Healthcare Professional who is authorized to write medical prescriptions under state law or a Registered Dietitian must complete Parts 2 and 3 and sign this form. In New Hampshire this includes a Physician, Physician Assistant, Nurse Practitioner (APRN), Dentist, Optometrist, Naturopathic Doctor, or Podiatrist. Once complete, please return to your child's school or institution.

PART 1: GENERAL INFORMATION

Name of Child: _____Name of Parent/Guardian: _____

Phone Number: _____Email Address: _____

PART 2: ACCOMODATIONS

What food(s)/type(s) of food must be omitted? Please be specific:

_____

_____

_____

How does exposure to this food restrict their diet?

_____

_____

_____

Recommended Substitute to this food (avoid specific brand names, if possible):

_____

_____

_____

Additional Comments (i.e., other specified accommodation(s) needed:

_____

_____

_____

PART 3: SIGNATURE

_____ _____

Signature of Licensed Healthcare Professional/Registered Dietitian Date Signed

_____ _____

Printed Name of Licensed Healthcare Professional/Registered Dietitian Title

_____ _____

***Parent or Guardian Signature Date Signed

****Previously, schools, on receipt of a written statement from a State-licensed health care professional or registered dietitian, were required to provide a substitute for fluid milk for students whose disability restricts their diet. Effective immediately, a parent or legal guardian may also provide this written statement to request a fluid milk substitute at school lunch*.