

WCSD



Wallkill Central School District, 1500 Route 208, PO Box 310, Wallkill, New York 12589

(845) 895-7101, Fax: (845) 895-3630

Anthony White
Superintendent of Schools

Brian Masopust
Assistant Superintendent
for Educational Services

Tara Rounds
Assistant Superintendent
for Special Education and Intervention Services

Brian Devincenzi
Assistant Superintendent
for Support Services

Request for Meal Modification

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Mailing Address City/State/Zip: _____

School/Center/Site: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Meal Modification Medical 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 that substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal 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 New York: Medical Doctor(MD), Doctor of Osteopathy (DO) Physician's Assistant (PA) with prescriptive authority, Advances Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), Optometrist (ED), Registered Dietitian (RD or RDN),and Dentist (DDS or DMD).*