

August 2026

Dear Parent/Guardian:

If your child requires a meal modification due to a food allergy/intolerance/disability, please review the following information and complete the Medical Statement to Request School Meal Modification form:

The School Nutrition Department:

1. Will make meal modifications prescribed by a licensed physician to accommodate a disability
2. Will exclude fluid cow's milk from meals due to a food allergy/intolerance or for other reasons

The Medical Statement to Request School Meal Modification form provides further information about meal modifications that can be requested under federal regulations and procedures that apply to each category. The form must be completed and turned in to the school cafeteria manager; incomplete forms cannot be accepted and will restart the process.

Please remember these important requirements:

- Parents/Guardians can request the exclusion of cow's milk without a physician's signature or note
- All other modification requests must be signed by a licensed physician and a parent/guardian or with a physician's note attached to the form signed by the parent
- The meal modification form must be submitted each school year after July 1st.

If you have questions or need assistance, please call/email the School Nutrition Dietitian at 432-456-5964 or Daniel.ramirez@ectorcountyisd.org.

Sincerely,



Jieun Pando, PhD, RD, LD, SNS
Director of School Nutrition



Daniel Ramirez, RD, LD
School Nutrition Dietitian

