



Student Requiring Meal Modification Packet

Contents of Packet:

- **Parent/Guardian Letter from Nutrition Services for Student Requiring Meal Modification**
 - Describes process of obtaining meal modification
 - Identifies students who are eligible for meal modification
- **Medical Statement for Student Requiring Meal Modification**
 - Must be completed and signed by a medical professional
 - Must be returned to District Nutrition Coordinator/Dietitian or School Nurse
- **Discontinuation of Meal Modification Form**
 - Parent/guardian may request discontinuation form if meal modification is no longer medically necessary
 - Must be signed by medical professional and parent/guardian to discontinue meal modification



Dear Parent/Guardian,

We are committed to supporting every student's health and well-being, including those with food allergies, intolerances, or other medical needs. If your child requires a meal modification, we're here to help—just a few simple steps are needed to get started.

To ensure safe and appropriate meals, a **licensed medical provider** (such as a physician or nurse practitioner) must complete the enclosed ***Medical Statement for Student Requiring Meal Modification***. This form must also be signed by a parent or guardian. Once completed, please return it to your school's Nurse or the District Nutrition Coordinator/Dietitian.

For your child's safety, please continue sending meals from home until:

- The form is submitted,
- The District Nutrition Coordinator/Dietitian has reviewed it, and
- We've had a brief meeting (by phone or in person) to discuss your child's needs.

The medical statement must include:

- The medical condition and how it affects your child's diet
- Foods to avoid
- Appropriate substitutions
- Specific details (e.g., if milk must be avoided entirely or just fluid milk; if baked eggs are okay or all forms must be avoided)

Important: Only a licensed provider may complete and sign the form. Notes on prescription pads or informal documentation cannot be accepted.

Once on file, the *Medical Statement* stays active until we receive an updated version—either with a revised *Medical Statement* or a *Discontinuation of Meal Modification* form, if it's no longer needed.

At Park Hill Nutrition Services, we're proud to partner with families to keep every child safe, nourished, and included at school meals. If you have questions or need support, please don't hesitate to contact us at **816-359-4090** or visit our website for more information.

Sincerely,

Park Hill School Nutrition Services

Medical Statement for Students Requiring Meal Modifications



**Please note: This statement must be updated when there is a change or discontinuance of a diet order.*

Student's Name: _____ Birth Date: _____

School: _____ Grade: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

I give permission for school staff to follow the nutrition plan outlined below. I also authorize School Nutrition Services to contact the medical provider listed regarding my child's nutrition requirements and to share this information with appropriate school personnel.

Parent/Guardian Signature: _____ Date: _____

****For Medical Provider Use Only** (To be completed by physician, nurse practitioner, etc.)**

Identify student's physical or mental impairment and how it restricts their diet and/or activities of daily living.

Explanation of what must be done to accommodate the child:

Omitted Foods/Beverages:	Allowed Substitution(s):

*If milk allergy is listed above, please specify *all* allowable fluid milk substitutions.

**If lactose intolerant, please specify one of the following:

- ☐ No Fluid Milk ONLY (may have yogurt, cheese, pudding, ice cream, etc.)
- ☐ No Milk Products (no fluid milk, yogurt, cheese, pudding, ice cream, etc.) but can tolerate milk baked in (e.g. in baked goods)
- ☐ No Milk Products or Products Prepared with Milk (e.g. no breads, desserts, etc.)

Medical Provider's Name (please print): _____

Medical Provider's Signature: _____

Office Phone: _____

Fax Number: _____

Additional Comments/Instructions: _____

Park Hill Nutrition Services Contact Information

Office Number: 816-359-4090
Fax Number: 816-359-4099

Support Services Center
9501 N Seymour Ave
Kansas City, MO 64153

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. Fax:

(833) 256-1665 or (202) 690-7442; or

3. Email:

program.intake@usda.gov



Important! Local Education Agencies are required to make substitutions to meals for children with a disability that restricts the child's diet on a case-by-case basis and only when supported by a written statement from a State recognized medical authority.

Modifications to Accommodate a Disability: A school is required to make meal modifications prescribed by a medical authority to accommodate a student's disability.

Definition of Disability:

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), and Departmental Regulations of 7 CFR part 15b define a person with a disability as any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment.

Major life activities are broadly defined and include, but are not limited to caring for one's self, eating, sleeping, performing manual tasks, walking, standing, lifting, bending, seeing, hearing, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

It is the policy of the Missouri Department of Elementary and Secondary Education not to discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs or employment practices. Direct inquiries related to department employment practices to the Jefferson State Office Building, Human Resources Director, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-9619. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 7th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-522-1775 or TTY 800-735-2966; fax number 573-522-4883; email civilrights@dese.mo.gov.



Discontinuation of Meal Modification

Student Name:	
Date of Birth:	School:
Discontinued Meal Modification (e.g. gluten-free, dairy-free):	
Remaining Meal Modification, if applicable:	

Medical Statement for Discontinuation of Meal Modification:

I certify that the student named above no longer requires the specified meal modification, effective on the following date: _____.

Medical Provider's Name (please print): _____

Medical Provider's Signature: _____

Office Phone: _____ Fax Number: _____

Parent/Guardian Statement for Discontinuation of Meal Modification:

I authorize the discontinuation of the specified meal modification for my child. I also give Park Hill School District permission to contact the medical authority listed above to clarify my child's nutritional plan.

Parent/Guardian Signature: _____ Date: _____

If meal modification becomes necessary, a *Medical Statement for Student Requiring Meal Modification* will be required.