

JOHNSON COUNTY SCHOOLS

Food Substitution/Meal Modification Form (MUST BE SIGNED BY A PHYSICIAN)

Student/Participant Name

Date of Birth

Parent/Guardian Name

Phone

Mailing Address

City/State/Zip

School

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 which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, **but does not include personal diet preferences.**

1. 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, texture modifications, feeding equipment, feeding assistance, etc.):
2. List food(s) and/or beverages to be omitted or modified and recommended alternatives:

Signature of State Recognized Medical Authority

Date

Clinic Name