Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301
TEL. (603) 271-3495
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SPECIAL DIETARY MEDICAL STATEMENT

Date:
Student Name: _____

MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN

(Accommodation that alters the USDA meal pattern; ex. fruit cannot be served to student)

Foods to be Avoided:

_____

_____

Brief explanation of how exposure to this food affects the student:

_____

_____

_____

Recommended Substitute to this Food:

_____

_____ _____

Signature of Licensed Medical Professional Printed Name of Licensed Medical Professional

MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN

(Accommodation within one of the 5 food items; ex. orange served instead of an apple)

Foods to be Avoided:

_____

_____

Brief explanation of how exposure to this food affects the student:

_____

_____

_____

Recommended Substitute to this Food:

_____

_____ _____ _____

Signature Printed Name Title

Please refer to Page 14 of USDA-FNS *ACCOMMODATING CHILDREN WITH DISABILITIES IN THE SCHOOL MEAL PROGRAMS, JULY 25, 2017*