

This form can be used to request meal modifications for students who have a physical or medical impairment and participate in the National School Lunch & School Breakfast Programs. The district will work collaboratively with parents to ensure equal opportunity to participate in the School Meal Programs and receive program benefits. However, if the district is unable to accommodate your student's request **within the meal pattern requirements**; a Medical Statement completed by a State licensed Medical Professional will be needed. Our institution is **NOT** required to accommodate non-medical requests. Your participation in this process is very important and communication with the school team allows for advanced planning and preparation needed to provide the accommodation. The district is not required to provide a specific substitution (such as a particular brand name), but offer a reasonable modification that effectively accommodates your child's needs.

Name of Child:

Name of Parent/Guardian:

Telephone:

Email Address:

Grade:

Specify any dietary restrictions or special instructions for meals:

Signature of Parent/Guardian:

Date: