



**Return To:**

Chenango Forks CSD  
Food Service Department  
One Gordon Dr., Binghamton, NY 13901  
Attn: Jill Labar

**MEAL MODIFICATIONS AT SCHOOL**

**Name of Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Description of Physical or Medical Impairment:**

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**Food Allergies**

☐ Egg      ☐ Fish      ☐ Peanut      ☐ Shellfish      ☐ Tree Nut      ☐ Soy      ☐ Wheat  
☐ Milk      ☐ Lactose Intolerance      ☐ Other: \_\_\_\_\_

Is this condition permanent or temporary? ☐ Permanent    ☐ Temporary

If temporary, please give length of time instructions are to be followed with explanation:

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**Diet Prescription:** (Check all that apply)

\_\_\_ Allergies (Describe) \_\_\_\_\_

\_\_\_ Other (Describe) \_\_\_\_\_

**Foods Omitted:** \_\_\_\_\_

**Substitutions:**      ☐ Specified Substitutions: \_\_\_\_\_

☐ Substitutions as per BOCES Registered Dietitian

Other Information Regarding Meal Modifications: (Please provide additional information below or attach to this form.)

I certify that the above-named student needs meal modifications as described because of the student's physical or medical impairment.

Medical Professional's Signature

Office Phone Number

Date

Medical Professional's Signature

Address

Return to Chenango Forks CSD, Food Service Department, 1 Gordon Dr. Binghamton, NY 13901 Attn: Jill Labar

Revised 7/2022