**Frank Edelblut**
Commissioner

**Christine Brennan**
Deputy Commissioner

STATE OF NEW HAMPSHIRE
**DEPARTMENT OF EDUCATION**
**101 Pleasant Street**
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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*

*Meal Pattern = Meat/Meat Alternate, Grain, Vegetable, Fruit and Milk*

**TDD Access: Relay NH 711**
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