



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  
FAX (603) 271-1953

### 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  
EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

**This Institution is an Equal Opportunity Provider**