



Frank Edelblut
Commissioner

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Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
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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