



Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301

SPECIAL DIETARY MEDICAL STATEMENT
Please send to Student's School/Institution

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