Auburn School District

AUBURN SCHOOL BOARD
School Administrative Unit No. 15

90 Farmer Road
Hooksett, NH 03106
Telephone 603-622-3731

Superintendent
William Rearick, CAGS

Business Administrator
Cindy Bourgeault

AUBURN VILLAGE SCHOOL
11 Eaton Hill Road
Auburn, NH 03032
Telephone 603-483-2769
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Principal
Lori Collins, Ed.D.

Assistant Principal, ES
Lindsay Murray, M.Ed.

Assistant Principal, MS
Jennifer Barnhill, M.Ed.

Director of Student Services
Meredith Davine, M.Ed.

National School Lunch Program (NSLP)

Special Dietary Medical Statement

Purpose: 7 CFR 210.10(m) requires School Food Authorities (SFAs) to make meal modifications, including substitutions in lunches and afterschool snacks, for children with a disability and whose disability restricts their diet. The modification requested must be related to the disability or limitations caused by the disability and must be offered at no additional cost to the child or household.

Directions: A State Licensed Healthcare Professional who is authorized to write medical prescriptions under state law or a Registered Dietitian must complete Parts 2 and 3 and sign this form. In New Hampshire this includes a Physician, Physician Assistant, Nurse Practitioner (APRN), Dentist, Optometrist, Naturopathic Doctor, or Podiatrist. Once complete, please return to your child's school or institution.

PART 1: GENERAL INFORMATION

Name of Child: _____

Name of Parent/Guardian: _____

Phone Number: _____

Email Address: _____

PART 2: ACCOMODATIONS

What food(s)/type(s) of food must be omitted? Please be specific:

_____

_____

_____

_____

How does exposure to this food restrict their diet?

_____

_____

_____

Updated 1/2026

Recommended Substitute to this food (avoid specific brand names, if possible):

Additional Comments (i.e., other specified accommodation(s) needed:

PART 3: SIGNATURE

Signature of Licensed Healthcare Professional/Registered Dietitian

Date Signed _____

Printed Name of Licensed Healthcare Professional/Registered Dietitian

Title _____

***Parent or Guardian Signature _____

Date Signed _____

****Previously, schools, on receipt of a written statement from a State-licensed health care professional or registered dietitian, were required to provide a substitute for fluid milk for students whose disability restricts their diet. Effective immediately, a parent or legal guardian may also provide this written statement to request a fluid milk substitute at school lunch.*