

School Administrative Unit 14
213 Main Street
Epping, NH 03042



Phone: (603) 679-8003
Fax: (603) 679-1237
Website: www.sau14.org

SPECIAL DIETARY MEDICAL STATEMENT

Please send to Student's School/Institution as listed above

Student Full Name: _____ Date Completed: _____

School and Grade: _____

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

Updated 12.30.22