



# Sumner County Board of Education

Scott Langford, Ed. D.

Director of Schools

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## Request for Meal Modifications

\_\_\_\_\_  
Student / Participant Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City / State/ Zip

\_\_\_\_\_  
School / Center / Site

\_\_\_\_\_  
Grade / Classroom

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

### **Meal Modification Medical Statement**

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

1. **Describe the impairment and how it restricts the child's diet** (i.e., how the ingestion/contact with the food impacts the child):
  
2. **Explain what must be done to accommodate the child's diet** (i.e., specific food(s) to be omitted/avoided from the child's diet):
  
3. **List food(s) and/or beverages to be omitted or modified and recommended alternatives:**

\_\_\_\_\_  
Signature of State-Recognized Medical Authority\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name

\*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in Tennessee: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Advanced Registered Nurse Practitioner (ARNP), Podiatrist (DPM), and Optometrist (OD).

**This institution is an equal opportunity provider.**

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