

Medical/Dietary Statement for Meal Modification

PARENTS: Carefully read and follow the procedures for requesting a special meal accommodation.

Incomplete Medical/Dietary Forms will not be accepted. If you have questions about this form, contact Bright Nutrition.

When To Use This Form:

- A medical need that allows a substitute food component from same food group. Requires Parent Signature (Complete Parts A & B)
(example: child is allergic to strawberries and a different fruit can be substituted)
- A religious, ethnic, or cultural need to alter meal pattern requirements. Requires Parent Signature & TDA Approval (Complete Parts A & C)
(example: Jewish culture requiring juice to be served in place of milk when a meat/poultry are served for a meal)
- A medical need that requires a substitute food component from a different food group. Requires Doctor Signature (Complete Parts A & D)
(example: child is allergic to all dairy and doctor wants child to drink water or juice instead)

How To Complete This Form:

Part A - Form must be completed by the Parent/Guardian

Part B - Form must be completed and signed by the Parent/Guardian

Part C - Form must be completed and signed by the Parent/Guardian / Requires pre-approval by TDA before a menu can be altered

Part D - Form must be completed & signed by a Medical Authority (who is licensed to write prescriptions)

Part A. Student and Parent/Guardian Information – To be completed by a parent/guardian

Student's Name:	Date of Birth: ____/____/____
Parent/Guardian's Name:	Parent/Guardian's Phone: (____) ____-____
Name of Site/Center:	Site/Center Location (city):

Part B. Medical Need Not Documented By Physician

List specific food items the child cannot tolerate:

Part C. Religious, Ethnical or Cultural Reasons That Do Not Rise To The Level Of A Disability

Reason For Change in Meal Pattern: Religious Ethnic Cultural

Why is This Change Necessary: _____

Omit Foods Listed Below:	Substitute Foods Listed Below:

Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.
I certify that all information listed above is true & factual and I give permission for Site/Center personnel responsible for providing my child's diet to discuss my child's special dietary accommodations with the Site/Center's CACFP Sponsor and Tx Depart. of Agriculture.

Parent/Legal Guardian's Signature _____ Date of Signature: ____/____/____

Part D. Medical Need Documented by a Medical Authority

List specific food items the child cannot tolerate and what food items the child is allowed to have as a replacement.

Omit Foods Listed Below:	Substitute Foods Listed Below:

Medical Authority's Signature _____ Date of Signature: ____/____/____

<p>For Sponsor Use Only: Bright Nutrition (CE ID 05006)</p> <p>Date Dietary Preference Form Received ____/____/____</p> <p>Date Submitted to TDA (Part C Only) ____/____/____</p>	<p>For TDA Use Only: San Juan Field Office (Region 1)</p> <p>Date This Request Was Approved on ____/____/____</p> <p>Date This Request Was Denied on ____/____/____</p>
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