

Letter to Parent/Guardian Explaining Requirements for Site Meal Modification Requests

Instructions: Modify all gray boxes below to reflect your district's policies, dates and contact information. Then delete these instructions and the above title. Print on site letterhead

<Date>

Dear Parent/Guardian:

Your child's school/site:

1. Will make meal modifications prescribed by a licensed physician, advanced practice nurse with prescriptive authority, physician assistant or registered dietitian to accommodate a disability.
2. Will / Will not make substitutions for dietary preferences, religious preferences, or cultural preferences

Note: Meal modifications will only be accommodated for one of the reasons listed above. No other meal modifications will be accommodated.

The *Medical Statement for Meal Modification and Dietary Preference Form for Meal Modification* forms are attached to this letter. On the front of each form, there are further instructions and information about the meal modifications that can be requested under federal regulations. Please read this information carefully before completing the appropriate form.

To ensure safe meal modifications can be made for your child, return the completed medical statement by <Due Date> to <Contact Person> at <Return Address>.

IMPORTANT: The only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk (1% or skim) or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in USDA regulation 7 CFR 210.10(d)(3), unless another substitution is noted on the Medical Statement for Meal Modification.

If you have questions or need assistance, please contact <Contact Person> at <Contact's Phone> or <Contact's Email Address>.

Sincerely,

<Site Official's Signature>
<Site Official's Name>

This institution is an equal opportunity provider.