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Special Dietary Medical Statement Vermont Agency of Education Child Nutrition Programs

Date:

Child Name: _____

Parent/Guardian Name and Contact Information: _____

Does the child's IEP or 504 Plan contain the information required as outlined below?

Yes No

If No, please continue to fill out the form. If Yes, stop here.

Meal Modifications Made Outside The Meal Pattern

(Accommodation that alters the USDA meal pattern)

Foods to be Avoided/Omitted:

Brief explanation of how exposure to this food affects the child:

Recommended Substitute to this Food:

Modified Texture Needed:

Special Utensils Needed:

Tube Feeding Required:

Tracking Assistance:

Other Accommodations needed:

Signature of Licensed Medical Professional Printed Name of Licensed Medical Professional

For additional information, please refer to Pages 14 & 15 of USDA-FNS Accommodating Children with Disabilities in the School Meals Programs: Guidance for School Food Service Professionals, *July 25, 2017*

This institution is an equal opportunity provider.