

Student Name: _____
 School: _____ Grade: _____

Meal Modification Request Form

Student Name		School	
What Food(s) Should be Avoided:		Recommended Substitutions:	
Brief Explanation of How Exposure to the Food(s) Effects the Child:			
Are There Any Other Modifications to the Meal Needed:			
Signature of Parent/Guardian	Printed Name	Date	
Signature of Medical Authority	Printed Name	Date	

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mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: program.intake@usda.gov.

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