

Lincoln Akerman School

Hampton Falls School District

School Administration Unit No. 21 8 Exeter Road, Hampton Falls, NH 03844 Telephone (603) 926-2539

Elizabeth Raucci Principal Grace Laliberte
Director of Special Services

SPECIAL DIETARY MEDICAL STATEMENT

Please send to Student's Sch	ool/Institution as listed above
Student Full Name:	Date Completed:
School and Grade:	
MEAL MODIFICATIONS MADE	E OUTSIDE THE MEAL PATTERN
(Accommodation that alters the USDA meal Foods to be Avoided:	pattern; ex. fruit cannot be served to student)
Brief explanation of how exposure to this food a	affects the student:
Recommended Substitute to this Food:	
Signature of Licensed Medical Professional Print	ted Name of Licensed Medical Professional
MEAL MODIFICATIONS MAD	E WITHIN THE MEAL PATTERN
(Accommodation within one of the 5 food i Foods to be Avoided:	items; ex. orange served instead of an apple)
Brief explanation of how exposure to this food a	affects the student:
Recommended Substitute to this Food:	
Signature	nted Name Title

Please refer to Page 14 of USDA-FNS ACCOMMODATING CHILDREN WITH DISABILITIES IN THE SCHOOL MEAL PROGRAMS, JULY 25, 2017

Meal Pattern = Meat/Meat Alternate, Grain, Vegetable, Fruit and Milk

TDD Access: Relay NH 711

EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

This institution is an equal opportunity provider