

HUDSON SCHOOL DISTRICT

SAU # 81

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SPECIAL DIETARY MEDICAL STATEMENT

Please send to Suzette Jackson in the Food Service Department at sjackson@sau81.org

Student Full Name _____ Date Completed _____

School _____ Grade _____

MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN

(Accommodation that alters the USDA meal pattern; ex. fruit cannot be served to student)

Foods to be Avoided:

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

Recommended Substitute to this Food:

Signature of Licensed Medical Professional Printed Name of Licensed Medical Professional

MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN

(Accommodation within one of the 5 food items; ex. orange served instead of an apple)

Foods to be Avoided:

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

Recommended Substitute to this Food:

Signature Printed Name Title