



## School Meal Modification Request

This form is intended to provide the Gwinnett County School Nutrition Program some of the medical information necessary to provide modifications to the USDA meal patterns due to a student's medically necessary nutrition needs/accommodations. The signature of a state licensed medical professional who is authorized write prescriptions is required. Please return the completed form to your school café manager.

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

School: \_\_\_\_\_

Medical Diagnosis:  
\_\_\_\_\_

Food Allergies (Circle all that apply):

Peanuts

Tree nuts

Milk

Soy

Eggs

Wheat

Fish

Shellfish

Other (please specify):  
\_\_\_\_\_

Special Diet/Food Restrictions (Please specify):  
\_\_\_\_\_  
\_\_\_\_\_

Foods to Avoid:  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name and Address (please print):  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature

Date

Office Phone Number