

Frank Edelblut Commissioner **Christine Brennan**Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL. (603) 271-3495 FAX (603) 271-1953

SPECIAL DIETARY MEDICAL STATEMENT

Date: Student Name:				
Otadoni Hamo.				
MEAL MODIFICA (Accommodation that alters Foods to be Avoided:		DE OUTSIDE THE eal pattern; ex. fruit o		
Brief explanation of how exp	osure to this	food affects the st	udent:	
Recommended Substitute to	this Food:			
Signature of Licensed Medical	Professional	Printed Name of L	icensed Medica	l Professional
MEAL MODIFIC (Accommodation within or Foods to be Avoided:		DE WITHIN THE I d items; ex. orange s		== =
Brief explanation of how exp	osure to this	food affects the st	udent:	
Recommended Substitute to	this Food:			
Signature		Printed 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