MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM

For Use in the USDA School Nutrition Programs, Child and Adult Care Food Program, & Summer Food Service Program

This form may be used to request a meal modification for a child with a physical or mental impairment that restricts their diet. ***Portions of this form must be completed by a State Licensed Healthcare Professional (who is authorized to write medical prescriptions under Illinois law) or a Registered Dietitian.***

SECTION 1: CHILD INFORMATION

Child's Name: _____ Date of Birth: _____

Facility Name: _____ Grade: _____

SECTION 2: MEAL MODIFICATION INFORMATION

TO BE COMPLETED BY A STATE LICENSED HEALTHCARE PROFESSIONAL OR REGISTERED DIETITIAN

1. Provide a description of the child's physical or mental impairment and how it restricts their diet and/or access to meal programs.

2. Are there any food items and/or ingredients that must be avoided? ☐ Yes ☐ No

   If yes, please list the food items and/or ingredients to be avoided.

   List alternatives that may be provided for any items or ingredients above.

3. List any additional modifications and/or services needed to accommodate the child's impairment or disability.

SECTION 3: SIGNATURES

Parent/Guardian Name: _____ Relationship: _____

Phone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Medical Authority Name (First & Last) _____

Medical Authority Signature _____ Date _____