



NOBLESVILLE SCHOOLS

Medical Statement for Food Substitutions & Modifications School Year 2017-18

This form is to be used when requesting food substitutions. USDA Regulation 7 CFR Part 15b requires substitutions or modifications in school meals for children whose impairment restricts one or more life function. **Statements for substitutions must be completed and returned to Food Service each school year.**

Student Name: _____

DOB: _____

School: _____

Date: _____

Impairment: _____

Food allergy, intolerance, or feeding need: _____

Explanation of accommodations: _____

Other diet considerations: _____

Medical Authority (Printed): _____

Medical Authority with prescriptive rights signature: _____

Please return to School Cafeteria or Education Service Center.

For questions, contact Erin Brattain, RD at 317-773-3171

This institution is an equal opportunity provider

18025 River Road, Noblesville, Indiana 46062 | 317.773.3171 | www.noblesvilleschools.org

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