



NOBLESVILLE SCHOOLS

Medical Statement for Food Substitutions & Modifications School Year 2018-19

This form is to be used when requesting food substitutions or modifications. USDA Regulation 7 CFR Part 15b requires substitutions or modifications in school meals for children who cannot eat school meals due to a disability, medical need, or impairment. **Statements for substitutions must be completed and returned to Nutrition & Food Services each school year.**

Student Name: _____

DOB: _____

School: _____

Date: _____

List the foods to be avoided: _____

Explain the reason for the medical need: _____

Please provide any additional information: _____

Medical Authority (Printed): _____

Medical Authority with prescriptive rights signature: _____

Please return to Education Service Center
For questions, contact Erin Brattain, RD at 317-773-3171

This institution is an equal opportunity provider