

# WFISD STATEMENT REGARDING MEAL SUBSTITUTIONS OR MODIFICATION

This form is to be used by a licensed medical authority to provide a medical statement for a student's medical disability or a special dietary need that warrants a meal accommodation. As a medical statement, the form must be completed by the medical authority and signed by both the parent and the medical authority. Information regarding accommodating children with special dietary needs can be found on the Texas Department of Agriculture website [squaremeals.org](http://squaremeals.org).

I. Provide the following information about the student.

Student Name:  Date:

Student Birthdate:  Student's Grade Level:

Student's School:

Does the student have a medical disability which affects one of the major life functions which necessitates a meal accommodation?  Yes  No

Does the student have a special dietary need that will be helped by a meal accommodation?  Yes  No

II. How does this medical disability or special dietary need impact the student's diet?

III. What meal accommodation(s) are appropriate to address the student's medical disability or special dietary needs? Please check the box before applicable meal accommodations and provide a detailed explanation for each checked accommodation in the box beside the description.

Food items or ingredients not to be served

Suggested substitutions for food items not served

Specific information on  
portion sizes for food items

Specific description of  
texture modifications for  
specific food types or items

Special utensils

Other

IV. Provide the following signatures.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Medical Authority Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fax to 940-235-1066. Attention: Sarena C Glenn (Dietitian)