



Hampton City Schools

Dietary Modification Medical Statement Form

Instructions: *This form must be signed by a licensed healthcare professional, such as a licensed physician, physician assistant, or nurse practitioner. The school/division may contact the licensed healthcare professional for clarification of information provided on this form. Return this form to your child's school. This form must be submitted to ensure meal substitutions are made for children with disabilities. Mid-year changes require the submission of an updated and signed form.*

Child's Name: _____

Child's Date of Birth: _____

Grade Level/Classroom: _____

Name of School/Site: _____

Name of Parent/Guardian: _____

Phone Number of Parent/Guardian: _____

Signature of Parent/Guardian

Date

Provide an explanation of how the student's physical or mental impairment restricts the student's diet:

Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the student's needs:

List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.
Foods to be omitted:

Suggested substitutions:

Indicate texture modifications, if applicable:

- Chopped/Cut into bite sized pieces
- Ground/Finely Ground
- Pureed
- Other _____

List any required special adaptive equipment:

Signature of Licensed Healthcare Professional

A licensed healthcare professional in the state of Virginia is defined as a licensed physician, physician assistance, or nurse practitioner.

Printed name and title of licensed healthcare professional: _____

Date: _____ Provider phone number: _____

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(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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