VERMONT
AGENCY OF EDUCATION
1 National Life Drive, Davis 5
Montpelier, VT 05620-2501 (p) 802-828-1130 | (f) 802-828-6433

Special Dietary Medical Statement
Vermont Agency of Education Child Nutrition Programs

Date:
Child Name: _____
Parent/Guardian Name and Contact Information: _____
_____

Does the child's IEP or 504 Plan contain the information required as outlined below?
☐ Yes ☐ No If No, please continue to fill out the form. If Yes, stop here.

Meal Modifications Made Outside The Meal Pattern
(Accommodation that alters the USDA meal pattern)

Foods to be Avoided/Omitted:
_____
_____

Brief explanation of how exposure to this food affects the child:
_____
_____
_____

Recommended Substitute to this Food:
_____
_____

Modified Texture Needed:
Special Utensils Needed:
Tube Feeding Required:
Tracking Assistance:
Other Accommodations needed:

_____ _____
Signature of Licensed Medical Professional Printed Name of Licensed Medical Professional

For additional information, please refer to Pages 14 & 15 of USDA-FNS Accommodating Children with Disabilities in the School Meals Programs: Guidance for School Food Service Professionals, *July 25, 2017*

This institution is an equal opportunity provider.