Lincoln Akerman School
Hampton Falls School District
School Administration Unit No. 21
8 Exeter Road, Hampton Falls, NH 03844
Telephone (603) 926-2539

Elizabeth Raucci
Principal

Heather Boyd
Nurse

SPECIAL DIETARY MEDICAL STATEMENT

Please send to Student's School/Institution as listed above

Student Full Name: _____ Date Completed:_____

Grade: _____

MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN

(Accommodation that alters the USDA meal pattern; ex. fruit cannot be served to student)

Foods to be Avoided:

_____

_____

Brief explanation of how exposure to this food affects the student:

_____

_____

_____

_____

Recommended Substitute to this Food:

_____

_____ _____

Signature of Licensed Medical Professional | Printed Name of Licensed Medical Professional

MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN

(Accommodation within one of the 5 food items; ex. orange served instead of an apple)

Foods to be Avoided:

_____

_____

Brief explanation of how exposure to this food affects the student:

_____

_____

_____

Recommended Substitute to this Food:

_____

_____ _____ _____

Signature | Printed Name | Title

Please refer to Page 14 of USDA-FNS *ACCOMMODATING CHILDREN WITH DISABILITIES IN THE SCHOOL MEAL PROGRAMS, JULY 25, 2017*

Meal Pattern = Meat/Meat Alternate, Grain, Vegetable, Fruit and Milk

Updated 3.28.25