**(Print on Letterhead)**

Dear Parent or Guardian,

The *(insert name of school/district)* School Nutrition Program will provide meal modifications for students with a disabling medical condition which affects their diet. Please have your child’s licensed medical provider (M.D., D.O., PA, NP) complete and sign the *Medical Statement for Special Dietary Needs* form. A complete form includes:

* Information about the child’s physical or mental impairment and how it restricts their diet
* An explanation of what must be done to accommodate the child’s disability, and
* The food(s) to be omitted and recommended alternatives, in the case of a modified meal

For milk substitutions, our district provides lactose-free cow’s milk for student’s with lactose intolerance and nondairy soy milk that meet the USDA nutrition standards. To request a milk substitution, the *Milk Substitution Request Form* must be completed and signed by your child’s provider or by the child’s parent/guardian.

To ensure that our program has the necessary foods available and that staff are adequately informed of the accommodations, please allow *(insert number)* of school days after the receipt of the completed form for the necessary accommodations to be in place.

The *(insert name of school/district)* School Nutrition Program MUST follow the *Medical Statement for Special Dietary Needs* that is on file. Please submit new documentation should your child’s dietary needs change.

We look forward to working with you and your child.

Sincerely,

*INSERT NAME*

School Nutrition Director

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency ere they applied for benefits. Individuals who are deaf, heard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](https://www.ascr.usda.gov/how-file-program-discrimination-complaint) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(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](mailto:program.intake@usda.gov).