

# Letter to Parent/Guardian Explaining Requirements for School Meal Modification Requests

USD#261-HAYSVILLE FOOD SERVICE  
132 Stewart Door#15 Haysville,KS 67060 (316)554-2219

Date:

Dear Parent/Guardian:

Your child's school:

1. Will make meal modifications prescribed by a licensed physician to accommodate a disability.
2. Will make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
3. Will make substitutions for fluid cow's milk due to a food allergy/intolerance or for other reasons.

The *Medical Statement to Request School Meal Modification* is attached to this letter. On the front of that form there is further information about the three categories of meal modifications that can be requested under federal regulations, and the procedures that apply to each category. Please read this information carefully before completing the form. Only the types of meal modifications explained in the first paragraph of this letter are applicable to your child's school.

To ensure the requested meal modifications can be made on the first day of school, return the completed medical statement by August 01, 2016 to Gina Lee, Director at 132 Stewart Door#15.

If you are submitting a request for meal modification at a time other than the beginning of the school year, it will take approximately ten school days from the time the request is received until it can be implemented.

**IMPORTANT:** For a student who does not have a recognized disability, the only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations.

If you have questions or need assistance, please call Gina Lee, Director at (316)554-2219.

Sincerely,

Gina Lee, Director

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