

Request for Meal Modifications in the Summer Food Service Program (SFSP)

All sites participating in the SFSP serve meals and snacks that comply with the U.S. Department of Agriculture's (USDA) SFSP regulations. Parents/guardians may request meal modifications for children with special dietary needs when a recognized medical authority completes the medical statement below. The Connecticut State Department of Public Health defines a recognized medical authority as a physician, physician assistant, doctor of osteopathy, or advanced practice registered nurse (APRN).

- **Required:** The SFSP sponsor must make reasonable meal modifications for children whose physical or mental impairment restricts their diet, based on the medical statement signed by a recognized medical authority. Examples of dietary restrictions include food allergies and intolerances, celiac disease, and diabetes.
- **Optional:** The SFSP sponsor may choose to make meal modifications for children without a physical or mental impairment, such as substitutions based on personal food preferences. These modifications must comply with the [SFSP meal patterns](#).

Return this form to the SFSP site.

Child's name: _____ Birth date: _____

Parent/guardian's name: _____ Signature: _____

Name and address of SFSP site: _____

Medical Statement (Must be completed by the child's recognized medical authority)

1. **Physical or mental impairment:** Does the child have a physical or mental impairment that restricts their diet?
 No **Yes:** Describe how the physical or mental impairment restricts the child's diet.

2. **Diet plan:** Explain the meal modification for the child. Include any needed instructions, such as special equipment and texture modifications.

3. **Food substitutions:** List foods to be omitted from the child's diet and foods to be substituted.

Name of recognized medical authority: _____

Signature of recognized medical authority _____ Date: _____

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