

## Request for Meal Modifications in the Summer Food Service Program

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 state licensed healthcare professional (physician, physician assistant, doctor of osteopathy, or advanced practice registered nurse) or registered dietitian completes the medical statement below.

- **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 state licensed healthcare professional or registered dietitian. 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 state licensed healthcare professional or registered dietitian

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 state licensed healthcare professional or registered dietitian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Connecticut State Department of Education • Revised January 2026