

# Peabody Public Schools

## School Food Authority Meal Modification Policy & Medical Statement Form

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### I. Meal Modification Policy

The Peabody Public School Food Authority (SFA) provides **reasonable meal modifications** for children whose **disability restricts their diet**.

A **licensed medical authority** must provide a medical statement describing:

- the disability
- the dietary needs/foods to be omitted
- recommended substitutions

Upon receipt, the SFA will:

1. **Review** the medical statement and coordinate with the parent/guardian and school nurse.
2. **Implement** appropriate menu substitutions as documented.
3. **Provide training** to foodservice staff on preparing modified meals safely.
4. **Maintain a file** of medical statements and the modification plan.

For **non-disability requests** (e.g., parental requests for special diets), the SFA will consider accommodations **on a case-by-case basis** and may request documentation from a medical authority.

#### Contact:

Maureen Rose  
Food Service Director  
Peabody Public Schools  
978-536-4630

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## II. Medical Statement Form

*(To be completed by a licensed medical authority)*

### Student Information

- **Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **School:** \_\_\_\_\_
- **Grade:** \_\_\_\_\_

### Medical Authority Information

- **Name:** \_\_\_\_\_
- **Title / Certification:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_
- **Email:** \_\_\_\_\_

### Medical Diagnosis / Disability

- **Disability that restricts diet:** \_\_\_\_\_
  - **Dietary needs / foods to be omitted:** \_\_\_\_\_
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### Recommended Substitutions / Modifications

- **Foods to provide in place of omitted items:** \_\_\_\_\_
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- **Additional instructions or accommodations:** \_\_\_\_\_
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### Duration

- Temporary (end date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)
- Ongoing / Permanent

### Medical Authority Certification

I certify that the above-named student has a disability that requires the dietary modifications specified above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Parent / Guardian Acknowledgment**

I understand the modifications described above will be provided according to the Peabody Public Schools Meal Modification Policy.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**For School Use Only**

- **Date Received:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Reviewed by:** \_\_\_\_\_
- **Meal Modifications Implemented:** \_\_\_\_\_