



Meal Modification Information
Franklin Public Schools
Food Service Department



Meal modifications are available for students with medical restrictions that impact their ability to participate in the menus provided for breakfast or lunch. The menus provided for breakfast and lunch meet the requirements for reimbursement through the National School Lunch Program and the National School Breakfast program. The following information provides information on how the Food Service Department can modify meals for students who are in need of modifications.

There are two ways that Franklin Public Schools can provide meal modifications for students:

1. Providing a modification within the Meal Pattern: If a student's meal modification does not require changes to the meal pattern, no medical documentation is needed. Students still must take a reimbursable breakfast or lunch.
2. Providing modification outside of the Meal Pattern: If a student's meal modification requires a change in the meal pattern, medical documentation is required. The medical documentation will need to include the following:
 - A medical statement that includes information about the child's physical or mental impairment that is sufficient to allow Franklin Public Schools to understand how it restricts the child's diet.
 - An explanation of what must be done to accommodate the child's medical need
 - Food or foods that need to be omitted and recommended alternatives for the meal modification
 - Signature from the State licensed healthcare professional that is making the recommendations

Medical documentation must be submitted to the school nurse. The Food Service Director and/or Cafeteria Manager will reach out to the parent guardian once information has been processed to discuss the modification.

Parents or guardians may use the Meal Modification Request Form to be filled out by a healthcare provider and be submitted to the school nurse.

Parents with questions about Meal Modifications can contact their school nurse or the food service office at 508-613-1478.

This institution is an equal opportunity provider.

Meal Modification Request Form

Student Name		School	
What Food(s) Should be Avoided:		Recommended Substitutions:	
Brief Explanation of How Exposure to the Food(s) Effects the Child			
Are There Any Other Modifications to the Meal Needed:			
Signature of Parent/Guardian		Printed Name	Date
Signature of Medical Authority		Printed Name	Date

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1400 Independence Avenue, SW
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fax: (202) 690-7442; or

email: program.intake@usda.gov.

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