



PLAINEDGE PUBLIC SCHOOLS

PLAINEDGE HIGH SCHOOL
241 WYNGATE DRIVE, N. MASSAPEQUA, NY 11758
(516) 992-7550 FAX (516) 992-7546

Dear Parent/Guardian:

The Plainedge School Lunch Program regulations require that meals offered in the schools meet the meal patterns identified in the program regulations. Food substitutions may be made for medical or special dietary needs on a case-by-case basis if supported by a statement signed by a recognized medical authority. A recognized medical authority may include physicians, physician assistants, or nurse practitioners.

The attached Authorization for Meal Modification form contains the required information needed to accommodate your child. Please have your medical authority complete and return to:

Edward Ross
School Lunch Director
241 Wyngate Drive
N. Massapequa, NY 11578

Your child's health is very important to us. We will make every attempt to accommodate your child's dietary needs; however, if your child requires a special dietary item, we do not have on grocery bid, you may need to supply a particular item(s). Parents and students are able to view the menus using the school website.

The attached form will stay on file until we receive written notification from the parent to remove. I look forward to working with you and your child. Feel free to call if you have any questions at 516-992-7594.

Sincerely,
Edward Ross
School Lunch Director

Plainedge Public School Request for Meal Modifications

_____ Student/Participant Name	_____ Date of Birth
_____ Parent/Guardian Name	_____ Phone
_____ Mailing Address	_____ City/State/Zip
_____ School/Center/Site	_____ Grade/Classroom
_____ Signature of Parent/Guardian	_____ Date

Meal Modification Medical Statement

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment that substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

- 1. Describe the impairment and how it restricts the child's diet** (i.e., how the ingestion/contact with the food impacts the child):

- 2. Explain what must be done to accommodate the child's diet** (i.e., specific food(s) to be omitted/avoided from the child's diet):

- 3. List food(s) and/or beverages to be omitted or modified and recommended alternatives:**

_____ Signature of State-Recognized Medical Authority*	_____ Date
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Clinic Name

*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in New York: Medical Doctor(MD), Doctor of Osteopathy (DO) Physician's Assistant (PA) with prescriptive authority, Advances Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), Optometrist (ED), and Dentist (DDS or DMD).