



NATIVITY
PREPARATORY SCHOOL

Nativity Preparatory School

School Food Authority

Meal Modification Policy & Medical Statement Form

Meal Modification Policy

Nativity Preparatory School will provide reasonable meal modifications for students with disabilities whose diets are restricted, in accordance with USDA regulations. Meal modifications will be provided at no additional cost to the student.

Medical Meal Modifications

Nativity Preparatory School **will provide** meal modifications when a student has a disability.

Requirements:

A written medical statement signed by a **licensed healthcare provider** must include:

1. The student's disability
2. How the disability restricts the diet
3. Foods to be omitted
4. Recommended substitutions

Process:

1. Parent/guardian submits medical documentation
2. The School Food Authority (SFA) reviews and approves the request
3. The school coordinates with food service staff to implement modifications

Non-Medical Requests

Requests based on dietary preferences, religious needs, or non-disabling conditions may be considered but are **not guaranteed** and will be reviewed on a case-by-case basis.



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Confidentiality

All medical information will be kept confidential and shared only as necessary to implement the accommodation.

Complaints

Questions or concerns regarding meal accommodations should be directed to the school administration.

Non-Discrimination Statement

This institution does not discriminate on the basis of race, color, national origin, sex, disability, age, or retaliation for prior civil rights activity.

Contact:

Nuria Montrond
Nutrition Program Manager
Nativity Preparatory School
Nmontrond@nativityboston.org | 857-273-0106



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: _____

Recommended Substitutions / Modifications

- Foods to provide in place of omitted items: _____

- Additional instructions or accommodations: _____

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: ____ / ____ / ____

Parent / Guardian Acknowledgment

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

Signature: _____

Date: ____ / ____ / ____

For School Use Only

- **Date Received:** ____ / ____ / ____
- **Reviewed by:** _____
- **Meal Modifications Implemented:** _____