Child Nutrition Program

Montgomery Public Schools

School Nutrition Program

Fews Building

321 Early Street Montgomery, AL 36104

August 9, 2022

Dear Parent/Guardian:

The Montgomery Public Schools Nutrition 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 your school site cafeteria or the Nutrition Department's Central Office. Be sure you sign on the parent/guardian signature line. Your child's health is very important to us. The School Nutrition Program utilizes the Offer vs. Serve meal service at our elementary schools, middle and high schools (Pre-K not included). This means your child may be able to make choices for his meal and choose something else he or she is not allergic to. 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 on the Montgomery Public Schools web page. I look forward to working with you and your child. Feel free to call if you have any questions at 334-223-6925.

Sincerely,

Johnna Rembert Beard

Johnna Rembert Beard, MPH, SNS, CFSM

Child Nutrition Director

Montgomery Public Schools

Child Nutrition Program
Montgomery Public Schools

2022-2023 AUTHORIZATION FOR MEAL MODIFICATIONS

Student Name _____ School_____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

MEDICAL REASON FOR MODIFICATION _____

_____

RELIGIOUS, FOOD TO BE OMITTED_____

Foods to be omitted by the School Nutrition Program due to intolerances/allergies:

_____

_____

_____

Designate Texture Modifications for FOOD: **Designate Consistency Modifications for LIQUIDS:**

_ Pureed   __ Chopped __ Ground   __ Clear Liquid __ Full Liquid __ Honey Thick

_ Ground   __ Soft   __No Change needed   __Nectar Thick __Pudding Thick _No Change needed

Recommended alternate foods:

_____

_____

Parent/Guardian Signature _____

Medical Authority Signature _____

Title _____ Date_____

Telephone # _____

Address _____

City State Zip _____