

Jefferson County Board Of Education

Parent/Guardian:

1. Will make meal modifications prescribed by a licensed physician to accommodate a disability.
- 2.

Jefferson County Board Of Education

Date:

Name of Student:

LEA:

School Attended by Student:

Information below to be completed by recognized medical authority.

Disability or medical condition that requires the student to have a special diet.

Include a brief description of the major life activity affected by the student's disability.