



District Office  
1432 N Andover Rd  
Andover KS 67002  
Phone: 316-218-4666  
E-mail: millerl@usd385.org

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July 1, 2011

Dear Parent/Guardian:

Your child's school:

1. Will make meal modifications prescribed by a licensed physician to accommodate a disability.
2. Does not make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
3. Does not make substitutions for fluid cow's milk due to a food allergy/intolerance or for other reasons.

The *Medical Statement to Request School Meal Modification* is attached to this letter. On the front of that form there is further information about the three categories of meal modifications that can be requested under federal regulations, and the procedures that apply to each category. Please read this information carefully before completing the form. Only the types of meal modifications explained in the first paragraph of this letter are applicable to your child's school.

To ensure the requested meal modifications can be made on the first day of school, return the completed medical statement by August 10, 2011 to Ann Katt at 202 W Market Andover KS 67002.

If you are submitting a request for meal modification at a time other than the beginning of the school year, it will take approximately 10 school days from the time the request is received until it can be implemented.

If you have questions or need assistance, please call Ann Katt at 218-4603.

Sincerely,  
*Linda Miller*  
Linda Miller  
Food Service Representative

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