



# Maple River Schools - ISD 2135

Food Service Office  
P.O. Box 515  
101 6th Avenue NE  
Mapleton, MN 56065  
(507) 524 ó 3918 Ext. 282  
Heather Ehlke, Foodservice Director

## SPECIAL MEALS

If special meals are needed and requested, certification from a medical doctor must

- (1) Verify that special meals are needed and why.
- (2) Prescribe foods to be eliminated and what should be substituted.

Name of student for whom special meals are requested:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School Site \_\_\_\_\_

Reason for special Diet \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Food to be Eliminated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Substitutes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above named student is in need of special meals prepared as described above.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date