

## **DeRuyter Central School**

Home of the Rockets

711 Railroad Street, DeRuyter, NY 13052 Phone: 315-852-3400 Fax: 315-852-9600

**Neal A. Capone, Ed.D.**Superintendent of Schools

Jenny Valente
Director of Special Education
PK-5 Principal

**Stephen Rafferty** 6-12 Principal

Amanda Graham-Quirk School Business Executive

## Dear Parent/Guardian:

The DeRuyter Central School Lunch 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:

DeRuyter CSD Food Services 711 Railroad Street DeRuyter, NY 13052

Jenny Valente Director of Special Education 711 Railroad Street DeRuyter, NY 13052

Your child's health is very important to us. 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 using the school website. The attached form will stay on file until we receive written notification from the parent to remove. We look forward to working with you and your child. Feel free to call if you have any questions at 315-852-3400 X7502

Sincerely,

Amanda Graham-Quirk

Amanda Graham-Quirk School Business Executive



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## Neal A. Capone, Ed.D.

Superintendent of Schools

DeRuyter Central Public School	Request for Meal Modifications	
Student/Participant Name	Date of Birth	
Parent/Guardian Name	Phone	
Mailing Address	City/State/Zip	
School/Center/Site	Grade/Classroom	
Signature of Parent/Guardian	Date	
major life activity or bodily function, which can include personal diet preferences.  1. Describe the impairment and how it restricts the chimpacts the child):  2. Explain what must be done to accommodate the clifrom the child's diet):	aild's diet (i.e., how the ingestion/contact	with the food
3. List food(s) and/or beverages to be omitted or modi	fied and recommended alternatives:	
Signature of State-Recognized Medical Authority*	Date	
Clinic Name		

\*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in New York: Medical Doctor (MD), Doctor of Osteopathy (DO) Physician's Assistant (PA) with prescriptive authority, Advances Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), Optometrist (ED), and Dentist (DDS or DMD).