

Lily H. Baker
Chairman

Verdell D. Jones
Vice Chairman

Judy B. Scherer
Superintendent



Marcia Anderson
Becky C. Carter
Charlie J. Frasier
Carol Guyett
Harold Woods

August 2, 2011

Dear Parent/Guardian:

The Liberty County School 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:

Dr. Chris Reddick
School Nutrition Director
Liberty County Board of Education
200 Bradwell Street
Hinesville, GA 31313

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 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). Please know our School Nutrition Program is not able to handle the vegetarian and/or religious (i.e. no pork) dietary requests. Parents and students are able to view the menus on the Liberty County School System web page and our elementary children also receive a copy to review daily and make accommodations for meals from home.

Anytime your child's needs to change this meal modification, please contact me to insure we make accommodations to their dietary needs in our School Nutrition cafeterias. I look forward to working with you and your child. Feel free to call if you have any questions at 876-2162.

Sincerely,

Chris Reddick

Chris Reddick, Ed.D.
School Nutrition Director

Vision: All students will receive a high quality education providing them the knowledge and skills to be successful, contributing members of a global society.

Mission: *The mission of the Liberty County School System is to provide all students an education which promotes excellence, good citizenship, and a love of learning.*

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2011-2012 AUTHORIZATION FOR MEAL MODIFICATIONS

Student Name _____ School _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

MEDICAL REASON FOR MODIFICATION _____

Foods to be omitted by the School Nutrition Program:

Recommended alternate foods:

Are any texture changes necessary for the meal? If so, what are they? _____

Length of time required for dietary modifications: _____

Parent/Guardian Signature

Medical Authority Signature

Date Telephone #

Title

***THIS FORM MUST BE RENEWED
ANNUALLY WITH A MEDICAL
AUTHORITY SIGNATURE.***

Address

City State Zip

Telephone #

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