

Dietary Preference Form for Meal Modification

Important! Carefully read and follow the procedures for requesting a special meal accommodation. The school/site will return incomplete Dietary Preference Forms to the parent/guardian. If you have questions about this form, the school/site contact named in Part A below will assist you.

Requests for children with a medical need not documented by a physician: A completed request form may be filled out by a parent or legal guardian if the medical need falls within the USDA’s child nutrition program meal requirements. These requests must be accommodated.

- Example of a medical need that falls within the USDA’s child nutrition program meal requirements: child is allergic to strawberries and a different fruit can be substituted OR a child is allergic to beef and a different meat/meat alternate (protein) can be substituted.
- Milk substitutes must be USDA-approved. Juice and water may not be substituted for fluid milk as part of the reimbursable meal without a medical statement signed by licensed healthcare professional.

Modification due to religious, ethical or cultural reasons that do not rise to the level of a disability:

- A school/site has the option to make meal modifications at the request of a parent/guardian due to religious, ethical or cultural reasons.
- Part A of this form must be completed by a parent/guardian or school/site contact person.
- Parts B and C of this form must also be completed by a parent/guardian before the school/site can make meal modifications.

The meal modifications will continue until a parent or legal guardian requests that the modifications be changed or stopped on the Discontinuation Form, which is available from the school/site. It is strongly recommended that the Dietary Preference Form is updated annually.

Part A. Student, Parent/Guardian & School/Site Contact Information – To be completed by a parent/guardian or school/site contact person.		
1. Student's Name:	2. Date of Birth:	School/site:
3. Parent/Guardian's Name:	4. Parent/Guardian's Phone:	
5. School/site Contact's Name:	6. School/site Contact's Phone:	
Part B. Prescribed Diet Order Request – This may be completed by a parent or legal guardian as specified above. All sections must be completed.		
1. Check:		
<input type="checkbox"/> Medical need not documented by physician. <input type="checkbox"/> Religious, ethical or cultural reasons that do not rise to the level of a disability.		
2. Specify the meal modification requested.		
3. Foods to be Omitted and Substituted: List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.		
Omit Foods Listed Below:	Substitute Foods Listed Below:	
Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.		
I give permission for school/site personnel responsible for implementing my child’s prescribed diet order to discuss my child’s special dietary accommodations with any appropriate school/site staff.		
Parent/Legal Guardian’s Signature & Date:		

