

**Harmony Public Schools Child Nutrition Program**  
**Special Dietary Accommodations**

Child's Name	Age	Date
School	Teacher	
Parent/Guardian Name:	Parent/Guardian Phone Number:	

Parent/Guardian:

This school participates in the federally funded Child Nutrition Program and all meals and snacks served must meet program requirements. Dietary accommodations will be made in accordance with program regulations when the accommodation requested is due to a disability as supported with a statement by a medical authority. A reasonable dietary accommodation may be made for children without disabilities who have special dietary needs and is at the discretion of the district.

Please provide this form to your child's medical authority if special dietary accommodations are requested. This form must be filled out completely. If you have any questions, please contact the Child Nutrition Assistant at your child's school.

**MEDICAL STATEMENT**

**OPTION #1:** Child has a disability requiring dietary accommodations (Physician or Medical Authority Signature required).

What is the disability? \_\_\_\_\_

What major life activity is affected? \_\_\_\_\_

How does the disability restrict diet? \_\_\_\_\_

Foods to be omitted (be specific): \_\_\_\_\_

Food to be substituted (be specific): \_\_\_\_\_

**OPTION #2:** Child has no disability but has a special dietary need (Physician or Medical Authority Signature required).

Medical problem which restricts the diet? \_\_\_\_\_

Foods to be omitted (be specific): \_\_\_\_\_

Food to be substituted (be specific): \_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician or Medical Authority licensed to write prescriptions in Texas**

\_\_\_\_\_  
**Date**

**PARENT / GUARDIAN REQUEST**

**OPTION #3:** Child has no disability but requests a special meal or milk substitute

Vegetarian Meal

Halal Friendly Meal

Lactose Free Milk (may not be available in all districts. If not available, soymilk will be provided).

Soymilk

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

For office use only:  Date Received by the school: _____
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