

### MODIFIED MEAL REQUEST BY PARENT/GUARDIAN

Please return, completed, and signed, form to your child's school.

**TO BE COMPLETED BY PARENT OR GUARDIAN**

Name of Student (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Based on information listed below my child will require a menu modification at the following:  Breakfast  Lunch  Afterschool Snack

Supper  Other \_\_\_\_\_

**I understand the School Food Authority is not required to provide requests based on preference for food substitutions or meal accommodations, made by a parent/guardian or any health professional not licensed in Illinois to prescribe medication.**

\_\_\_\_\_  
Parent/Guardian Name PRINTED

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date

**MAY BE COMPLETED BY PARENT/GUARDIAN OR HEALTH PROFESSIONAL**

List all foods to be omitted from a student's meal, based upon preference, NOT for medical reasons: (i.e. meal prep/ meal time(s))

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested substitutions

**REQUIRED** List all requested food and/or beverage substitutes:

\_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Requestor Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor Signature

**TO BE COMPLETED BY FOOD SERVICE STAFF**

Date received:

Date implemented:

\_\_\_\_\_

\_\_\_\_\_