COMMUNITY CONSOLIDATED
SCHOOL DISTRICT 15

PLANT BASED MEAL REQUEST – MODIFIED MEAL REQUEST BY PARENT/GUARDIAN

Please return completed and signed form to Sarah Coleman, Nutrition Services, 1100 North Smith Street, Palatine 60067

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): _____ Grade: _____

ID #: _____ School: _____

Parent/Guardian Email: _____ Daytime Phone: _____

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

I understand School Nutrition Services 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 prescribed medication.

Parent/Guardian Name PRINTED NAME	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

FOR NUTRITION SERVICE STAFF

Date Received: _____

Date Implemented:

This institution is an equal opportunity employer

Clear Form