

### MODIFIED MEAL REQUEST BY PARENT/GUARDIAN

Please return completed and signed form to Marla Miller at [millerm@sherrard.us](mailto:millerm@sherrard.us) or to your child's school to the attention of Marla Miller.

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: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack <input type="checkbox"/> Supper <input type="checkbox"/> Other _____		
<b><u>I understand 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.</u></b>		
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		
<b>REQUIRED</b> List all requested <u>food and/or beverage substitutes</u> :		
Comments:		
Requestor Name Printed _____	Date _____	Requestor Signature _____

TO BE COMPLETED BY FOOD SERVICE STAFF		
Date received:		
Date implemented:		