Dietary Preference Form for Meal Modification

This form shall be used to request meal modifications for children who have a medical need that falls within USDA's meal pattern requirements or are requesting modification due to religious, ethical or cultural reasons that do not rise to the level of a disability.

Example of a medical need that falls within the USDA's meal requirements.

- Child is allergic to strawberries and a different fruit can be substituted.
- Child is allergic to beef and a different meat/meat alternate can be substituted.

Fluid 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.

Fill parts A-C out completely. Incomplete Dietary Preference Forms will be returned to the parent/guardian. The meal modifications will continue until a parent/legal guardian request that the modifications be changed or stopped on the Discontinuation Form. It is strongly recommended that the Dietary Preference Form is updated annually.

Part A: Student and Parent/Guardian Information	
Student Name:	Birthdate:
School/Site:	Grade:
Parent/Guardian Name:	Parent/Guardian Phone:

Part B: Check Meal Modification Request(s)	**Check Omitted Foods**	**Check Substituted Foods**
☐ No Fluid Milk	☐ Fluid Milk	☐ Lactose-Free Milk -or- ☐ Dairy-Free Milk
☐ Milk Allergy ☐ Egg Allergy ☐ Fish Allergy ☐ Sesame Allergy ☐ Shellfish Allergy ☐ Soy Allergy ☐ Wheat Allergy ☐Peanut Allergy ☐ Tree Nut Allergy ☐ Other: Does the student have a prescribed epi-pen? ☐ Yes ☐ No	☐ Milk & Dairy Products ☐ Egg ☐ Fish ☐ Sesame ☐ Crab/Lobster/Shrimp ☐ Soy (oil/lecithin okay) ☐ Soy Products ☐ Wheat ☐ Peanuts ☐ Tree Nuts ☐ Other:	☐ Allergen-Free Meat ☐ Allergen-Free Grains ☐ Allergen-Free Combo Foods ☐ Allergen-Free Condiments/Sides ☐ Other:
☐ No Beef (Religious/Ethical/Cultural Reason)	☐ Beef	☐ Other Meat/Meat Alternate
☐ No Pork (Religious/Ethical/Cultural Reason)	☐ Pork	☐ Other Meat/Meat Alternate
☐ Vegetarian (Religious/Ethical/Cultural Reason)	☐ Dairy ☐ Eggs ☐ Meat ☐ Poultry ☐ Fish/Seafood	☐ Other Meat/Meat Alternate
Other specified meal modification request: ☐ Medical Need: -or- ☐ Religious/Ethical/Cultural Reason:	List Omitted Foods:	List Substituted Foods:

Part C: Parent/Legal Guardian Permission
I give permission for school/site personnel responsible for implementing my child's requested meal modification with any appropriate school/site staff. **Parent/Guardian Signature:** **Date:**

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