SAUSD-NUTRITION SERVICES
BABY FOOD AND INFANT FORMULA ORDER FORM

Today Date: _____ Need by Date: _____ School Name: _____

Orders require 4-week lead time from the date received by Nutrition Services

Please email this form to: Special.Meals@sausd.us
Copy: Emily.Machuca@sausd.us; Navil.Lorenzana@sausd.us; Jennifer.Chavez@sausd.us; Krizia.Reitano@sausd.us

PRODUCT TYPE	DESCRIPTION	UNIT	UNIT NEEDED
Pureed Protein	Chicken & Gravy	Case	
Pureed Protein	Beef & Gravy	Case	
Pureed Protein	Turkey & Gravy	Case	
Pureed Vegetable	Sweet Potato	Case	
Pureed Vegetable	Green Bean	Case	
Pureed Vegetable	Pea	Case	
Pureed Vegetable	Butter squash	Case	
Pureed Vegetable	Carrot	Case	
Pureed Fruit	Peach	Case	
Pureed Fruit	Apple	Case	
Pureed Fruit	Pear	Case	
Pureed Fruit	Banana	Case	
Grains	Oatmeal Cereal	Pack (8 oz)	
Grains	Rice Cereal	Pack (8 oz)	
Infant Formula	Iron-Fortified Infant Formula (1mg Iron/100kcals)	Can (12.4 oz)	
Special Infant Formula (Medical Statement Required)	Formula as specified by the Medical Statement	Can (12.4 oz)	
Other Special Items (Medical Statement Required)			
If Medical Statement Required, please provide:	Student Name: _____	Medical Statement On File?	Yes No

DELIVERY RECEIPT

SIGN: _____DATE: _____

Revised 4/2025