

MODIFIED MEAL REQUEST BY PARENT/GUARDIAN

Please return completed and signed form to: <INSERT Daycare's name _____>

TO BE COMPLETED BY PARENT OR GUARDIAN		
Name of Student (Last, First): _____		Grade: _____
School: _____		
Parent/Guardian Email: _____		Daytime Phone: _____
Based on the 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 _____		
<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>		
Parent/Guardian Name PRINTED _____	Parent/Guardian SIGNATURE _____	Date _____

IT MAY BE COMPLETED BY A 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/ mealtime(s))		
Requested substitutions		
REQUIRED 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:	_____

