

SPECIAL DIET FORM

* Keep a copy of the completed form for your records.

Part A – Participant, Parent/Guardian, and School/Agency Contact Information – To be completed by a parent/guardian or school/agency contact person –		
1. School/Agency Name	2. Site Name (if applicable)	3. School/Agency Telephone
4. Name of Participant		5. Date of Birth
6. Name of Parent or Guardian		7. Parent/Guardian Telephone
Part B – Special Diet – To be completed by a medical authority as defined above.		
7. Check One:		
<input type="checkbox"/> a. Participant has a disability . <input type="checkbox"/> b. Participant has a food allergy/intolerance or other medical condition that does not rise to the level of a disability.		
8. Specify the disability, food allergy/intolerance, or medical condition requiring a special meal or accommodation (use extra pages if needed):		
9. If participant has a disability (see definition on instructions page), provide a brief description of participant's major life activity (see list on instructions page) affected by the disability (e.g. allergy to peanuts affects ability to breathe):		
<input type="checkbox"/> Check if not applicable		
10. Describe the type of special diet required (e.g. low sodium, gluten-free, diabetic, etc.) Use extra pages if needed:		
<input type="checkbox"/> Check if not applicable		
11. Modified Texture:	12. Modified Thickness:	
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon or Pudding Thick	
13. Special Feeding Equipment (large handled spoon, sippy cup, etc.):		
<input type="checkbox"/> Check if not applicable		

14. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a sheet with additional information as needed.)

Check if not applicable

A. Foods To Be Omitted

B. Suggested Substitutions

_____	_____
_____	_____
_____	_____
_____	_____

IMPORTANT: For a participant who does not have a recognized disability, the only fluid milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrition profile equivalent to cow's milk as specified in federal regulations. Currently the only beverages meeting these specifications are certain brands of soy milk.

15. Signature of Preparer	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority	20. Printed Name	21. Title	

Part C – Parent/Guardian Permission – To be completed by a parent/guardian

I give permission for school/agency personnel responsible for implementing my child's special diet to discuss my child's special dietary accommodations with any appropriate school/agency staff and to follow the special diet for my child's school/agency meals. I also give permission for my child's medical authority to further clarify the special diet on this form if requested to do so by school/agency personnel.

22. Parent/Guardian Signature:	23. Date:
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Part D – Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural, or Ethical Reasons – To be completed by parent/guardian.

24. Instead of fluid cow's milk, please provide the individual named in Part A of this form with the following substitute (check ONE):

- Lactose-free cow's milk
- Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations

25. Parent/Guardian Signature:	26. Date:
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As stated above, all protected bases do not apply to all programs, the **first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.**