# REQUEST FOR SPECIAL MEALS and/or ACCOMMODATIONS

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<tr>
<th>Print Name of Child</th>
<th>DOB</th>
<th>Site Name</th>
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<tbody>
<tr>
<td>Print Name of Parent/Guardian</td>
<td>Telephone (Parent/Guardian)</td>
<td>Site Phone</td>
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<tr>
<td>Print Name of Supervisor</td>
<td>Print e-mail address of Site Supervisor</td>
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## COMPLETE THIS SECTION IF SPECIAL MEAL REQUEST IS FOR MEDICAL REASON(S):

**MEDICAL AUTHORITY’S SIGNATURE IS REQUIRED**

- [ ] Participant has a disability or a medical condition and requires a special meal or accommodation. A licensed physician must sign this form.
- [ ] Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. A licensed physician, physician’s assistant, or registered nurse must sign this form.

**Disability or medical condition requiring a special meal (i.e. “Allergy to peanuts causes life-threatening reaction.”):**

**Diet prescription and/or accommodation (i.e. “Foods must be either in liquid or pureed form. Cannot consume any solid foods.”):**

### Foods to AVOID:

- [ ] fluid milk only
- [ ] cheese and yogurt
- [ ] foods containing dairy products (i.e. muffins, rolls)
- [ ] cooked eggs (i.e. scrambled, hardboiled)
- [ ] foods containing egg products (i.e. muffins, French toast)
- [ ] soy products
- [ ] nuts
- [ ] list other foods to AVOID:

### Foods OK for consumption if containing:

- [ ] fluid milk only
- [ ] cheese and yogurt
- [ ] foods containing dairy products (i.e. muffins, rolls)
- [ ] cooked eggs (i.e. scrambled, hardboiled)
- [ ] foods containing egg products (i.e. muffins, French toast)
- [ ] soy products
- [ ] nuts
- [ ] list other suggested food substitutions:

**NHA’s Nutrition Services Department does NOT serve pork.**

- Indicate texture modification if appropriate: [ ] Chopped  [ ] Ground  [ ] Puréed

List adaptive equipment needed for meals if appropriate:

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<th>Signature of Preparer</th>
<th>Print Name</th>
<th>Telephone</th>
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<tr>
<th>Signature of Medical Authority*</th>
<th>Print Name</th>
<th>Telephone</th>
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## COMPLETE THIS SECTION IF SPECIAL MEAL REQUEST IS FOR NON-MEDICAL REASON(S):

**MEDICAL AUTHORITY’S SIGNATURE IS NOT REQUIRED**

**Foods to be omitted due to the following reasons:**

- [ ] Vegan
- [ ] Vegetarian
- [ ] Religious Practice

**Foods to be omitted:**

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**Suggested substitutions:**

<table>
<thead>
<tr>
<th>Signature of NHA Staff</th>
<th>Print Name</th>
<th>Telephone</th>
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Revised 2.27.2014 KMS  Page 1 of 1