



REQUEST FOR SPECIAL MEALS/ACCOMMODATIONS PARENT/GUARDIAN

1. Print Name of Child	2. DOB	3. Site Name
		4. EHS or HS / FD, PD AM or PM
5. Print Name of Parent/Guardian	6. Parent/Guardian Phone #	7. Site Phone # ()
8. Print Name of Supervisor	9. Print e-mail address of Site Supervisor @neighborhoodhouse.org	

PARENT/GUARDIAN REQUEST

**COMPLETE THIS SECTION IF SPECIAL MEAL REQUEST IS FOR NON-MEDICAL REASON(S):
MEDICAL AUTHORITY'S SIGNATURE IS NOT REQUIRED***
Please note: Our program may not be able to accommodate all requests

NHA's Nutrition Services
Department does not
serve pork or nuts

10. Write the reason for the alternative meal/milk option (example: child is vegetarian and does not eat meat):

11. Choose the alternative meal option:

Vegetarian = no meat products, but all other food groups including DAIRY and EGGS will be served

Eggs may be served

Eggs need to be avoided

Fluid Milk Substitution = due to dietary needs, a fluid milk alternative is requested (**SOY MILK ONLY**)

NOTE: For any other substitution request besides soy milk, a medical authority must complete the 2.8A.

PARENT/GUARDIAN MUST READ THIS STATEMENT: The above listed child does not have a disability, but the parent or legal guardian is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate children who drink fluid milk substitutions such as soy milk due to taste preferences. The child care agency has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for children with medical or special dietary needs that **do not** rise to the level of a disability. This written statement will remain in effect until the end of the current program year. Child care agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests. **The child's parent or legal guardian must sign this form.**

It may take at least 3 business days to process your above request, select an option to occur as it is processed:

12. My child may attend and be offered the regular meals while my request is being processed.

My child will not be attending until I am notified that my request is approved.

13. Signature of Parent/Guardian*	14. Print Name	15. Date / /
16. Signature of NHA Staff	17. Print Name	18. Date / /

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