Nutrition Support

Dietary Preference Form for Meal Modification

Important! Carefully read and follow the procedures for requesting a special meal accommodation. The school/site will return incomplete Dietary Preference Forms to the parent/guardian. Please contact Sheila Nolan at the Franklin Parish School Board Central Office at (318) 435-9046, Ext 2128 with questions.

Requests for children with a medical need not documented by a physician: A completed request form may be filled out by a parent or legal guardian if the medical need falls within the USDA's child nutrition program meal requirements. These requests will be accommodated. Whenever possible, medical requests should be completed on the "**MEDICAL STATEMENT FOR MEAL MODIFICATIONS IN SCHOOL NUTRITION PROGRAMS**." However, undocumented medical diet requests may be completed here.

- Example of a medical need that falls *within* the USDA's child nutrition program meal requirements: child is allergic to strawberries and a different fruit can be substituted OR a child is allergic to beef and a different meat/meat alternate (protein) can be substituted.
- Milk substitutes must be USDA-approved. **Juice and water may not be substituted for fluid milk as part of the reimbursable meal without a medical statement signed by a licensed healthcare professional.**

MODIFICATION DUE TO RELIGIOUS, ETHICAL OR CULTURAL REASONS THAT DO NOT RISE TO THE LEVEL OF A DISABILITY:

- A school/site has the option to make meal modifications at the request of a parent/guardian due to religious, ethical or cultural reasons.
- **Part A of this form must be completed by a parent/guardian**.
- **Parts B and C of this form must also be completed by a parent/guardian before the school/site can make meal modifications**.

The meal modifications will continue until a parent or legal guardian requests that the modifications be changed or stopped in writing. It is strongly recommended that the Dietary Preference Form is updated annually.

Part A. Student, Parent/Guardian & School/Site Contact Information – To be completed by a parent/guardian.		
1. Student's Name:	2. Date of Birth:	School/site:
3. Parent/Guardian's Name:	4. Parent/Guardian's Phone:	

Part B. Diet Request – This may be completed by a parent or legal guardian as specified above. All sections must be completed.

1. Check:

☐ Medical need not documented by a physician.

☐ Religious, ethical or cultural reasons that do not rise to the level of a disability.

2. Foods to be Omitted and Preferred Foods:

List specific foods to be omitted and substituted. (Note: items must meet meal pattern requirements). If more space is needed, sign and attach an additional sheet of paper.

Omit Foods Listed Below:	Preferred Foods Listed Below:

Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.

I give permission for school/site personnel responsible for implementing my child's diet to discuss my child's special dietary accommodations with any appropriate school/site staff.

Parent/Legal Guardian's Signature & Date:

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LOUISIANA DEPARTMENT OF EDUCATION