



# REQUEST FOR SPECIAL MEALS and/or ACCOMMODATIONS



Print Name of Child	DOB	Site Name
Print Name of Parent/Guardian	Telephone (Parent/Guardian) ( )	Site Phone ( )
Print Name of Supervisor	Print e-mail address of Site Supervisor	

### 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:

Signature of Preparer	Print Name	Telephone ( )	Date / /
Signature of Medical Authority*	Print Name	Telephone ( )	Date / /

### 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:

Suggested substitutions:

Signature of Parent/Guardian	Print Name	Telephone ( )	Date / /
Signature of NHA Staff	Print Name	Telephone ( )	Date / /

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