# 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 –

|------------------------|-----------------------------|-----------------------------|------------------------|-----------------|-----------------------------|-----------------------------|

## Part B – Special Diet – To be completed by a medical authority as defined above.

7. Check One:
   - [ ] a. Participant has a **disability**.
   - [ ] 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):

   - [ ] 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:

   - [ ] Check if not applicable

11. **Modified Texture:**
   - [ ] Not Applicable  [ ] Chopped
   - [ ] Ground  [ ] Pureed

12. **Modified Thickness:**
   - [ ] Not Applicable  [ ] Nectar
   - [ ] Honey  [ ] Spoon or Pudding Thick

13. Special Feeding Equipment (large handled spoon, sippy cup, etc.):

   - [ ] 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:

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.