

Parent Request for Diet Modification

Child's Name:	DOB:
Site Name:	Classroom:
<p>The above listed student is requesting a food substitution due to religious reasons or personal beliefs.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the next school year (at such time, the form will need to be updated).</p>	
Foods to omit due to religious reasons/beliefs: <input type="checkbox"/> Pork <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Gelatin <input type="checkbox"/> Fish/Seafood <input type="checkbox"/> Vegetarian Needed <input type="checkbox"/> Other: _____	
Please indicate why these substitutions are needed. (Please note we do not accommodate food preferences). 	
Printed Parent Name:	Phone Number: ()
Parent Signature:	Date:

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