

## Dietary Preference Request Form

This form can be used to request dietary preferences not related to a medical need or disability. Keep in mind that:

- Sponsors are encouraged but not required to make reasonable dietary requests for a participant who does not have a medical need or disability.
- The dietary changes made **must still meet** Child and Adult Care Food Program (CACFP), National School Lunch Program (NSLP) or School Breakfast Program (SBP) meal pattern requirements.
- If the participant has a medical need or disability that restricts their diet they should complete the [Special Diet Statement](#).

### Participant Information

Participant's Name: Last/First \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Center/School/Home: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name (if applicable) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

### Participant Status (check one):

- \_\_\_ Participant does not have a medical need or disability but is requesting a dietary change based on a dietary preference.
- \_\_\_ Participant does not have a medical need or disability, but is requesting that they be served an [approved fluid milk substitute](#) in place of cow's milk.

Indicate reason for fluid milk substitute: \_\_\_\_\_

### Dietary Accommodations

1. State the preferred dietary accommodation:

\_\_\_\_\_

List specific foods to be left out and replaced. Attach a sheet with additional instructions as needed.

Foods to be left out	Food to be replaced

### Signature

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The signature of a parent, guardian, caregiver or adult participant is sufficient for a request for an approved fluid milk substitute.

**This institution is an equal opportunity provider.**