

FOOD SUBSTITUTION FOR NON-MEDICAL REASONS

You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements. Therefore, in order to meet your child's needs, this form must be completed and returned to Head Start.

Child Legal Name _____

Center: _____ Classroom: _____

- Food substitution request by caregiver due to diet, religion, cultural, or ethical reasons.
- Milk substitution request by caregiver due to diet, religion, cultural, or ethical reasons.
 - My child may have foods that contain dairy products that are baked in.

Reasons for requesting a food/drink substitution for a child by a caregiver:

Food(s) or drink(s) to be omitted:

Recommendations for food/drink substitutions: (By EC Nurse)

Parent Signature

Date

Early Childhood Nurse

Date

Staff Initials/Date:

Name of Form: FOOD SUBSTITUTION FOR NON-MEDICAL REASONS

Purpose: This form is to be used to modify food served to children related to a caregiver's request for specialized diets/sensitivities/intolerances such as vegan, religious, cultural or ethical reasons not related to a specific medical diagnosis.

Instructions: This form is to be completed by the parent. Once this is completed, it will be scanned to the Early Childhood Nurse to review and enter into ChildPlus.

Once the staff received the signed copy by the Early Childhood Nurse, it is to be reviewed with all staff. Staff will initial and date the form and place it in the child's file.

A copy will be posted in the food service area. Staff will make sure the food being omitted and child's name is labeled on the table with a piece of tape or on a table tent and placed at the table where the child sits at mealtime.

Completed By: Parent

Date Due: Prior to child attending class; as needed

Send To: Early Childhood Nurse and Nutrition Coordinator

Posted in: Kitchen

Filed At: Child File and end of year copy in CACFP binder

Revised: 7/2019