

PARENT/GUARDIAN REQUEST FOR MODIFIED MEALS

Substitutions are made at the discretion of the center.

If the parent/guardian provides more than one component per meal, the meal is not reimbursable.

To be completed by a Parent, Guardian, or Authorized Representative		
Participant's Name:		Birthday:
Parent/Guardian/Authorized Representative name:		
Home Phone: ()		Work Phone: ()
Address:		
City:	State:	Zip:
Reason for Request:		
<input type="checkbox"/> Participant is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.		
a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg
Foods to be omitted:	Substitutions:	
_____	_____	
_____	_____	
_____	_____	
Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):		

Please provide any other information regarding the diet:		

Parent/Guardian's Signature

Date

Printed Name

Telephone