

MODIFIED MEAL REQUEST BY PARENT/GUARDIAN

Please return completed and signed form to Peighton Young pyoung@cartervilleschools.org Tri-C Elementary School

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): _____ Grade: _____

School: _____ Tri-C Elementary School

Parent/Guardian Email: _____ Daytime Phone: _____

Based on information listed below my child will require a menu modification at the following: ☐ Breakfast ☐ Lunch ☐ Afterschool Snack

☐ Supper ☐ Other _____

I understand School Food Authority is not required to provide requests based on preference for food substitutions or meal accommodations, made by a parent/guardian or any health professional not licensed in Illinois to prescribe medication.

Parent/Guardian Name PRINTED _____

Parent/Guardian SIGNATURE _____

Date _____

MAY BE COMPLETED BY PARENT/GUARDIAN OR HEALTH PROFESSIONAL

List all foods to be omitted from a student's meal, based upon preference, NOT for medical reasons: (i.e. meal prep/ meal time(s))

Requested substitutions

REQUIRED List all requested food and/or beverage substitutes:

Comments:

Requestor Name Printed _____

Date _____

Requestor Signature _____

TO BE COMPLETED BY FOOD SERVICE STAFF

Date received: _____

Date implemented: _____