

**MODIFIED MEAL REQUEST BY PARENT/GUARDIAN**

Please return completed and signed form to Marla Miller at [millerm@sherrard.us](mailto:millerm@sherrard.us) or to your child's school to the attention of Marla Miller.

**TO BE COMPLETED BY PARENT OR GUARDIAN**

Name of Student (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_

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: \_\_\_\_\_