If your student requires a milk substitution related to lactose intolerance or requires a special meal related to religious/philosophical food preferences, this form must be completed and emailed to Nurse@washingtonyuying.org and Lunch@washingtonyuying.org. If you do not have access to email, please submit the completed form to the main office. This form is not intended to accommodate student taste preferences nor deviate from the USDA Child Nutrition Program meal pattern.*

Note: Our food vendor (Genuine Foods) does not use any pork or pork products in their meals. However, this form must be completed for their records. A new form must be submitted each time a dietary change is requested. This form does not require a Medical Practitioner’s signature.

Section A- Must be completed by the Parent/Guardian

Name of Student ___________________________ Grade ________

Homeroom Name ___________________________ Teacher’s Name ________________________________

Does your student plan to eat school provided meals?  ☐ Yes  ☐ No

If yes, which school provided meals would your student be eating?

☐ Breakfast  ☐ Lunch  ☐ Afterschool Snack (REEF)  ☐ Classroom Snack (Grades PreK 3-1st Grades)

Section B- Must be completed by the Parent/Guardian

Does your Student have a medical dietary need?  ☐ Yes  ☐ No

If Yes, please have a Medical Practitioner complete the Medical Dietary Accommodation Form instead.
If No, please complete this form.

Do you have any food preferences related to religious/philosophical beliefs?

☐ Yes  ☐ No

If Yes, does your student require a vegetarian meal? (Note: Vegetarian meals rely heavily on cheese and egg products.)

☐ Yes  ☐ No

If you have other preferences, please explain:

____________________________________________________________________________________________

Will this Student require a Milk Substitution?

☐ Yes  ☐ No

If Yes, please check for Soy Milk to be substituted instead of dairy milk.

☐ Yes

I certify that the above-named student needs special school food as described above,

Parent/Guardian Signature ___________________________ Phone Number ___________________________

Email Address ___________________________ Date ________ Best time of day to contact you: ______________

In school use only:

Date received by Nurse: ___________________________

Date processed by Meal Operations: ______________________ Date updates completed by MO: ______________________