**Special Dietary Needs Form**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_**

If your child is unable to eat or drink all the items on the menu due to food intolerance, sensitivity, restriction or modification we will do our best to accommodate simple changes. However, with our limited ability to prepare food onsite and our caterer’s many lunches to prepare, we may not always be able to accommodate your request.

When items from the menu need to be removed from a child’s meal, parents are required to provide the same component of the child’s foods and beverages that are different from the Catering With Care menu. For example, if a protein like beef is removed, parents need to bring a serving of protein for that day’s lunch (cheese stick, 1/3 cup of beans, chicken tenders, etc.) Food must be kept in an air-tight container, beverages must be in original containers with a current expiration date and both food and beverages need to be labeled with the child’s full name and classroom. Simple instructions must accompany each meal, so staff can easily comply with parent wishes (such as, replace meatballs with cheese stick.) If your child has an allergy, please disregard this form and seek the director for an ICCPP (Individual Child Care Program Plan.)

**Please list any special dietary needs your child has:**

|  |  |  |
| --- | --- | --- |
| **Food Intolerances / Sensitivities**  Parent requests that a specific food be eliminated from a child’s diet due to a negative reaction to the food, but not a food allergy (lactose intolerance, sensitivity to citrus, etc.). | **Restricted food:** | **Substitute food provided by parents:** |
| **Diet Restrictions**  Parent requests that a specific food be eliminated from a child’s diet for religious and/ or cultural reasons (pork, beef, etc.). | **Restricted food:** |  |
| **Diet Modifications**  Parental request that a child’s diet be modified due to personal beliefs or preferences (vegetarian, whole milk, etc.) | **Restricted food:** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date