**BARTONVILLE SCHOOL DISTRICT #66**

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| 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 |

**MODIFIED MEAL REQUEST BY PARENT/GUARDIAN**

Please return completed and signed form to <INSERT STAFF NAME, EMAIL, DROP OFF LOCATION>

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| 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)) |
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| Requested substitutions |
| **REQUIRED** List all requested food and/or beverage substitutes:    Comments:  Requestor Name Printed Date Requestor Signature |

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| TO BE COMPLETED BY FOOOD SERVICE STAFF |
| Date received: |
| Date implemented: |
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