

# Parent Diet Preference Form

Reasonable food accommodations may be made for children/participants without disabilities who may have special medical or dietary needs based off of parent's diet preferences.

To be completed by parent, guardian, or authorized representative

Child's/Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian/Authorized Representative Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Preferred Diet by Parent

Describe the medical or other special dietary need that restricts diet if necessary:

List food/type of food or drink to be omitted:

List food/type of food to be substituted for omitted food(s). Please be specific regarding any needed food texture changes or detailed menu to be followed:

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_