



# Hillsborough County Student Nutrition Services

## Meal Preference Form

### School Year 2016-2017

To accommodate students that require non-medically certified dietary needs such as food intolerances, (i.e lactose intolerance) and food preferences due to religious and/or cultural beliefs, the Student Nutrition Manager can make substitutions on the daily menu when possible. Please complete the **Meal Preference Request** form and return the completed form to the Student Nutrition Manager at your child's school site. A physician's signature is **not** needed.

Name of Student \_\_\_\_\_ Student's ID \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

#### Section A

List any food intolerances to avoid (i.e Lactose Intolerance)

List any food preferences to avoid due to Religious and/or Cultural Belief

List any food preferences (i.e. Vegetarian/Vegan)

Parent/Guardian Signature \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

#### For School Use Only

Date contacted parent \_\_\_\_\_

Date of parent meeting \_\_\_\_\_

Date Entered into OneSource \_\_\_\_\_

Manager's Signature \_\_\_\_\_

(Form must be maintained on file in the SNS office for the current school year. Copy must be provided to the School Nurse)