



**NEIGHBORS IN NEED OF SERVICES, INC.**  
**HEAD START / EARLY HEAD START**  
CREATING A BRIGHTER FUTURE FOR OUR CHILDREN AND "LA FAMILIA"

## Request for a Special Diet

### **Part I** (to be completed by center staff)

Center Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

- ☐ **Child has a disability or a medical condition which requires a special menu or accommodation.**

Program is required to make reasonable substitutions to meals for participants with a disability or medical condition that restricts their diet on a case-by-case basis when signed by a licensed medical professional. (Example: a disease, allergy or intolerance when eating certain food(s)).

- ☐ **Parent/Guardian is requesting a special menu due to religious, cultural or personal preference.**

Any substitutions must fully meet the meal pattern. Program must ensure reasonable substitutions to meals and review with a dietitian. A parent/guardian must sign for this request. (A medical professional does **NOT** need to sign if this is requested).

### **Part II** (to be completed by the Physician/or Parent/Guardian requesting a special menu)

#### **Please list foods to be omitted and the substitutions**

Food(s) to be omitted:

Suggested food(s) substitution(s)

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

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

Describe disability or medical condition which may affect child's major life activity:

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

Describe how exposure to this food(s) may affect child:

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

Describe in detail special menu accommodation(s) and if adaptive equipment is required:

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

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Medical Professional

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

(Needed for special menu request due to disability or medical condition)