

**Parental Request for a Special Diet**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish for my child to be on a special diet. This dietary request is not due to any allergy or health reason and is a preference. It is my wish that my child not be served the following:

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I understand that I will be responsible for providing the missing nutritional component on a daily basis. Please keep in mind our standard policy does not allow us to keep food overnight nor can we heat or refrigerate food brought in daily. I also understand that if I fail to bring in the missing component every day that my child will be served the component that the school is serving that day.

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Child’s Name Parent Signature Date

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**TO CANCEL YOUR DIETARY PREFERANCE, PLEASE COMPLETE BELOW**

I wish to cancel my existing dietary preference for my child for the following:

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Child’s Name Parent Signature Date