



Dietary Preference Form for Meal Modification

Please fax or email the completed form to D51 Nursing Services. Fax: (970) 245-0825.

Important! Carefully read and follow the procedures for requesting a special meal accommodation. D51 Nutrition Services will return incomplete Dietary Preference Forms to the parent/guardian. If you have questions about this form, please contact D51 Nutrition Services: (970) 254-5181 or email: nutritionservices@d51schools.org

Who should use this form? This form should only be used for **undiagnosed food allergies/intolerances, food preferences, general health concerns or ethical/cultural/religious reasons**. Only limited accommodations will be provided without supporting documentation from a medical professional.

For medical conditions or allergies that have been diagnosed by a licensed medical professional please use the "Medical Statement" form, which is available on [D51 Website](#).

Changing or Discontinuing a Special Diet Request. Once this form has been submitted and approved, the meal modifications will continue until a parent or legal guardian requests that the modifications be changed or stopped. If the student's condition changes, a parent/guardian must submit a new form to D51 Nursing Services. If an accommodation is no longer needed, a parent/guardian must submit the request in writing using a "Special Diet Discontinuation Form", which is available from [D51 Website](#).

Part A. Student, Parent/Guardian & School Contact Information – To be completed by a parent or legal guardian.		
1. Student's Name (please print):	2. Date of Birth:	3. Grade Level:
4. School Name:	5. Homeroom:	
6. Parent/Guardian's Name (please print):	7. Parent/Guardian's Phone:	
8. Parent/Guardian Email:	9. Home Address, City, State, Zip:	
Part B. Diet Order Request – To be completed by a parent or legal guardian. All sections must be completed.		
1. What is the reason for this request? Please check all that apply: (REQUIRED – DO NOT LEAVE BLANK)		
<input type="checkbox"/> Not medically diagnosed food allergy <input type="checkbox"/> Not medically diagnosed food intolerance <input type="checkbox"/> Food Preference <input type="checkbox"/> General Health Concern <input type="checkbox"/> Religious, ethical or cultural reason		
2. Please indicate the accommodation(s) to the student's meals that is/are requested. Please be specific and provide details. For dairy and egg allergies and intolerances, please specify if they can have BAKED GOODS that contain these ingredients.		
3. If the student needs specific substitutions please list them below. Please note: requested substitutions are not guaranteed. Only limited substitutions will be provided.		
Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.		
I give permission for school/site personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school/site staff.		
Parent/Legal Guardian's Signature & Date:		