MICHIGAN Department of Education

Dietary Preference Request Form

This form can be used to request dietary preferences not related to a medical need or disability. Keep in mind that:

- Sponsors are encouraged but not required to make reasonable dietary requests for a participant who does not have a medical need or disability.
- **The dietary changes made must still meet Child and Adult Care Food Program (CACFP), National School Lunch (NSLP) or School Breakfast Program (SBP) meal pattern requirements.**
- If the participant has a medical need or disability that restricts their diet they should complete the Special Diet Request Form.

Participant Information: (completed by parent/guardian)
Participant's full name: _____Date: _____
Date of birth: _____
Name of school/center/site attends: _____
Parent/guardian name: _____
Phone number: (Cell)_____Other: _____

Participant Status: (check one)
_____ Participant does not have a medical need or disability but is requesting a dietary change based on a dietary preference.
_____ Participant does not have a medical need or disability, but is requesting that they be served an approved fluid milk substitute in place of cow's milk.
Indicate reason for fluid milk substitute: _____

Dietary Accommodation
1. State the preferred dietary accommodation:

2. List food(s) to be left out and replaced. Attach a sheet with additional instructions as needed.

Foods to be left out	Foods to be replaced

Signature
Parent/Guardian Name (print):_____
Parent Guardian Signature:_____Date: _____
Relationship to participant: _____
Phone number:_____
The signature of a parent, guardian, caregiver or adult participant is sufficient for a request for an approved fluid milk substitute.