



Special Diet / Meal Accommodation Request Form

**National School Lunch Program (NSLP)
Rainbow Dreams Early Learning Academy**

Student Information

- Student Name: _____
- Date of Birth: ____ / ____ / ____
- Grade / Classroom: _____
- Parent/Guardian Name: _____
- Parent Phone Number: _____
- Parent Email: _____

Type of Meal Accommodation Being Requested

(Check one)

- ☐ Food Allergy / Medical Dietary Restriction
- ☐ Religious Dietary Restriction
- ☐ Other (Explain): _____

Reason for Accommodation

Please provide details:

1. Describe the allergy, medical condition, or religious belief requiring accommodation:

2. Foods to Avoid:

(List all foods or ingredients the child cannot consume)

3. Allowed Substitutions or Foods the Student May Eat:



Medical Statement (Required for Food Allergies or Medical Restrictions)

If the request is due to a food allergy or medical condition, this section must be completed by a licensed medical authority (physician, physician assistant, nurse practitioner, or registered dietitian).

Medical Provider Name: _____

Provider Phone: _____

Diagnosis or Specific Condition:

Required Meal Modifications:

Provider Signature: _____ Date: // _____

Religious Dietary Requests (If Applicable)

(Parent may complete this section for religious-based requests)

Religious practice requiring dietary modifications:

Requested meal modifications:

Parent/Guardian Consent

I certify that the information provided is accurate. I understand that the school may require additional documentation and will contact me if further clarification is needed.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

School Use Only

- Date Received: ____ / ____ / ____
- Received By: _____
- Accommodation Plan Implemented On: ____ / ____ / ____
- Notes: _____