



# Special Diet Request Form

Child's Name  DOB:  Classroom:

1. Please complete this form if you would like to request a special diet for your child and they are known or suspected to have a food sensitivity or intolerance that is NOT potentially life-threatening and does not cause immediate harm but may cause physical and mental issues that limit or affect activity, participation or bodily functions.
2. This form is NOT for food allergies or dietary preferences.
3. If you are requesting significant dietary accommodation for your child, it may be necessary that you provide their daily meals and snacks.
4. HIHCM may be able to make reasonable substitutions to meals and/or snacks on a case-by-case basis for certain dietary accommodations.
5. Please plan for five school days until this request is finalized. During this time, you may be required to provide your child's food if you would like their diet accommodations to be adhered to at HIHCM.
6. Updates to this form are required when a child's needs change.
7. After completing the *Required Information*, please submit this form to your campus health office.

## Required Information

1. State the food(s) to be avoided and the reason:

2. Brief explanation of how ingesting this food(s) affects the child:

3. Please provide substitution suggestions concerning foods to be omitted  
 Food(s) to be Omitted:   
  
 Food(s) to be Substituted:

4. Is this diet being prescribed or monitored by a health care provider?  
 Yes     No  
*(If yes, please provide documentation from the provider such as a letter or Special Diet Statement.)*

## Special Diet Plan

(TO BE COMPLETED AFTER REQUIRED INFORMATION HAS BEEN REVIEWED BY HIHCM STAFF)

Parent/Guardian & School Plan (*check one*)

- HIHCM will strive to provide the student with a diet free-from \_\_\_\_\_ and will attempt to give the family advance notice regarding days and circumstances when the accommodation cannot be made.
- The child will only eat snacks/lunches from home.
- Other: \_\_\_\_\_

If your child accidentally ingests this food, HIHCM will notify you with details in a timely manner. This plan is used as a tool to inform and train staff and streamline information regarding your child's diet. You will receive notification if HIHCM needs to discontinue or modify these accommodations.

Parent/Guardian Signature	Printed Name	Date	Phone #
Health Staff Signature (Review and Finalization)	Printed Name	Date	