



Matrix Head Start

Parent Request for Dietary Accommodation Form

Child's Name: _____ CPID: _____ Center: _____

The child listed above does not have a disability, or a medical dietary need, but is requesting a special meal or accommodations for religious, cultural, or ethical reasons. This form is not intended to accommodate participants taste preferences. It is up to the discretion of Matrix Head Start whether they are able to accommodate parents request made using this form.

At this time the following brands of fluid milk and non- dairy substitutes available that are nutritionally equivalent to and may be served in place of cow's milk.

- Lactose Free, Unflavored, Whole Milk
- Soy Milk, Unflavored
- Lactose Free, Unflavored, 1 % Milk
- Lactose Free, Unflavored, Skim Milk

By completing the information below, your child can be served an accommodated and/or an approved non-dairy milk substitute or other creditable milk noted provided by Matrix Head Start.

Note: List specific foods to be avoided and specific food to be substituted.

Food (s) to be omitted	Suggested Substitution(s)

_____ I request the above Food(s) and/or Beverage(s) to be avoided and suggested substitutions to be served to my child at Matrix Head Start.

Parent or Guardian Signature

Date

Assistant Nutrition Manager/RDN Signature

Date