



PLANT-BASED LUNCH REQUEST FORM

Food and Nutrition Services
School District U-46

This form may be used to request a plant-based lunch for a child with a preference that restricts their diet. Once completed and signed, please return to Judith Naughton, U-46 Registered Dietitian, via email at JudithNaughton@u-46.org. Please note, requests for reasonable meal accommodations for students with disabilities or special dietary needs, such as allergies, must fill out the Medical Authority Modified Meal Request Form located on the Food and Nutrition Services web page.

Student Information

Name of Student (Last, First): _____ Grade: _____

School: _____

Parent/Guardian Email: _____ Daytime Phone: _____

I understand it is my responsibility to renew this form each school year and/ or any time my child's medical or health needs change.

Parent/Guardian Name PRINTED Parent/Guardian SIGNATURE Date

Meal Modification Information

1. Provide a description of the child's plant-based need.

2. Provide a description of the current plant-based diet the student consumes at home.

3. How many days per week will the child request a plant-based meal? 1 2 3 4 5

**This information will assist with meal planning and preparation as well as reduce food waste. Please notify the school food service staff of any changes as soon as possible.

FOR FOOD SERVICE NOTES (Other information, please see back)

Date Received: _____ By: (employee signature) _____

Date Implemented: _____ By: (employee signature) _____

Other information: _____