



Dietary Preference Request Form

This form can be used to request dietary preferences not related to a medical need or disability. We are not required to accommodate any dietary requests for a participant who does not have a medical need or disability.

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|-------------------------------------|------------|
| Child's Name (first, Middle, Last): | Birthdate: |
|-------------------------------------|------------|

_____My child does not have a medical need or disability but is requesting a dietary accommodation based on a dietary preference.

_____My child does not have a medical need or disability but is requesting an approved fluid milk substitution in place of cow's milk. Koala Bear only provides cow's milk.

*Parent/guardian will be responsible for providing all other milk (may need a dr. note)

Dietary Preference

State the preferred dietary accommodation:



Below: List specific foods to be omitted and substituted. Attach an additional form with instructions as needed.

| Foods to be omitted | Foods to be substituted |
|---------------------|-------------------------|
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| Parent/Guardian Name: | Date: |
| Phone number: | Relationship to Child: |