Student Nutrition & Wellness
Oak Park Unified School District
5801 Conifer Street, Oak Park, CA 91377

NON-MEDICAL REQUEST FOR SPECIAL MEALS

Instructions: This form is strictly for non-medical requests. If your child requires special meals and/or accommodations for medical reasons, please use the California Department of Education's MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS. Non-medical requests for special meals include vegan and non-medical gluten-free meals. Please note that we may not be able to accommodate your request. Our kitchens use wheat, dairy, soy, and other legumes regularly in our meals. We do not use peanuts or tree nuts. However, we cannot guarantee that any meal we prepare can be completely free of allergens. You will be notified within 2 weeks of the submission of this form whether or not your request has been approved. To ensure that special meals do not go to waste, upon approval of your request, we require 2 weeks advance notice of the dates your child will be eating in his/her school's cafeteria.

| 1. Schoo | ol Name | 2. Grade | 3. Teacher's Name |
|-----------|--|-------------|-------------------|
| 4. Name | of Child | | 5. Age of Child |
| 6. Name | of Parent or Guardian | | 7. Phone Number |
| 8. Descri | ption of Diet Accommodation: | | |
| 9. Foods | to be Omitted and Appropriate Substitutions: | | |
| | Foods To Be Omitted | Suggested S | ubstitutions |
| | | | |
| | | | |
| 10. Signa | ature of Parent/Guardian | | 11. Date |

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