

# Food Substitution Form



Child's Name:

Reason:

\*\*\*Parents may be required to provide substitutions.

### Food Substitution List

Milk/Dairy	***Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Meat & Meat Alternative	***Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Bread, Cereal or Whole Grain Products	***Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Fruit & Vegetables or Juice	***Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)

Additional Dietary Concerns and/or Required Equipment or Assistance Needed:

I (parental authority) certify that the above child requires special accommodations/diet as indicated above.

Print Name	Parent Signature	Date
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