

**District School Board of Hardee County**  
**Food Service Department**  
**Non Medical Special Meals Request**

Student's Name: \_\_\_\_\_ Student's ID Number: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Dear Parent/Guardian:

The District School Board of Hardee County participates in the National School Lunch Program (NSLP) and must serve meals meeting the NSLP requirements. To accommodate students that require **nonmedically certified** dietary needs such as food intolerances (i.e. lactose intolerance) and food preferences due to religious and/or cultural beliefs, the Food and Nutrition Manager **may** make substitutions on the daily menu when possible. A physician's signature is not required for special meal requests. **A medical statement signed by a physician or recognized medical authority is required for food allergies and other medically certified dietary needs.**

1. List any food intolerances (i.e. Lactose Intolerance) \_\_\_\_\_  
\_\_\_\_\_

2. List any foods to avoid due to intolerance \_\_\_\_\_  
\_\_\_\_\_

3. List any food preferences due to Religious and/or Cultural belief. \_\_\_\_\_  
\_\_\_\_\_

4. List any food preferences (i.e. Vegetarian/Vegan). \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Printed Name Phone Number

**Please return completed form to the Food and Nutrition Manager at your child's school.**

"This institution is an equal opportunity provider."