

### SPECIAL DIET FORM

\* Keep a copy of the completed form for your records.

**Part A – Participant, Parent/Guardian, and School/Agency Contact Information – To be**

[Redacted content]

14. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a sheet with additional information as needed.)

Check if not applicable

**A. Foods To Be Omitted**

**B. Suggested Substitutions**

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**IMPORTANT:** For a participant who does not have a recognized disability, the only fluid milk substitutions allowed by