



Hillsborough County Student Nutrition Services Meal Preference Form School Year 2024-2025

To accommodate students that require non-medically necessary and certified dietary needs such as food intolerances, (i.e lactose intolerance) and food preferences due to religious and/or cultural beliefs, the Student Nutrition Manager can make substitutions on the daily menu when possible. Please complete the **Meal Preference Request** form and return the completed form to the Student Nutrition Manager at your child’s school site. A physician’s signature is **not** needed.

Please submit completed form to: SNSSpecialDiets@HCPS.net

Name of Student _____ **Student’s ID** _____ **Grade** _____

School Name _____ **Teacher’s Name** _____

Section A

List any food intolerances to avoid (i.e Lactose Intolerance)

List any food preferences to avoid due to Religious and/or Cultural Belief

List any other food preferences (i.e. Vegetarian/Vegan)

Parent/Guardian Signature _____ **Daytime Phone Number** _____

Email Address _____ **Date** _____

For School Use Only

Date contacted parent _____

Date of parent meeting _____

Date Entered into OneSource _____

Manager’s Signature _____

(Form must be maintained on file in the SNS office for the current school year. Copy must be provided to the School Nurse)