

## Extras Agreement Form

**This form must be completed for all new students  
and/or families who wish to make a change to a prior signed agreement.  
This agreement will remain in place until withdrawn by the parent/guardian.**

We will be offering the choice of a second main entrée at lunch time. The children who have a signed permission form can sign up in the mornings for a second entree. Signing this form does not obligate your child/children to have the second entree everyday. **Please inform your child/children if they are allowed or not allowed to have a second entrée.** Your child/children **CANNOT** have a second entrée without this form on file. Thank you.

- Morning Milk/Juice is delivered each morning to each classroom. This is offered to grades 1-8. NOTE: Kindergarten students receive free milk each day for morning break.
- Extra Milk at lunchtime may be purchased in grades K-8.
- A 2<sup>nd</sup> lunch entrée will only be sold to those students who first purchase a complete, reimbursable meal (meal must consist of at least 3 food groups, one of which must be fruit or vegetable). Due to National School Lunch Program regulations we are not allowed to only offer the main entrée without having the full lunch already being purchased.
- Students who bring cold lunch and wish to purchase milk need to have money in their account.
- Students receiving free/reduced price meals must pay for extra items out of their lunch account. This includes purchasing just milk at lunch when bringing a lunch from home.

**Please complete 1 form per family and return at Open House or as needed during the year.**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ **NO**, I do not give permission for my child/children to purchase extra items using our family lunch account. I understand that my child's/children's accounts will be blocked from purchasing extra items.

\_\_\_\_\_ **YES**, I give permission for my child/children to purchase the following extra items and acknowledge that I am responsible for those charges. My child/children and I understand that charges will not be allowed if/when the account has a negative balance. **Please check the appropriate boxes below:**

\_\_\_ Extra Milk at Breakfast

\_\_\_ Extra Juice at Breakfast

\_\_\_ Morning Milk

\_\_\_ Morning Juice

\_\_\_ Extra Milk at Lunch

\_\_\_ Extra Entrée at Lunch

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Special Diet Statement

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet: School Nutrition Program –7 CFR 210.10(m), Child and Adult Care Food Program – 7 CFR 226.20 (g), Summer Food Service Program – 7 CFR 225.16(f)(4). According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. Updates to this form are required only when a participant's needs change.

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-reduced milk without a physician's signature.

Submit this completed special diet statement to: \_\_\_\_\_

## Participant Information

Participant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last/First/Middle Initial

Name of School/Center/Site Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

## Required Information: Dietary Accommodation

1. State the allergen or food to be avoided:  
\_\_\_\_\_
2. Brief explanation of how exposure to this food affects the participant:  
\_\_\_\_\_
3. List specific foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

| Foods to be Omitted | Foods to be Substituted |
|---------------------|-------------------------|
|                     |                         |
|                     |                         |
|                     |                         |

## Additional Information

Texture Modification:  Pureed  Ground  Bite-Sized Pieces  Other: \_\_\_\_\_

Tube Feeding Formula Name: \_\_\_\_\_

Administering Instructions: \_\_\_\_\_

Oral Feeding:  No  Yes If yes, specify foods: \_\_\_\_\_

Other Dietary Modification Or Additional Instructions (describe): \_\_\_\_\_