



# Lorain County Community Action Agency Head Start

<b>Hopkins Locke, Lorain</b> 1050 Reid Ave. (440) 246-0480	<b>Griswold, Elyria</b> 631 Griswold, Rd. (440) 323-1737	<b>Firelands, Oberlin</b> 10643 Vermilion Rd (440) 520-1025	<b>Westwood, Wellington</b> 305 Union St. (440) 647-7440	<b>ELC, Lagrange</b> 12079 Lagrange Rd. (440) 324-3175	<b>Central Plaza / Admin</b> 1949 Broadway (440) 204-3100	<b>South Elyria</b> 107 Oberlin Rd. (440) 220-8301
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## SPECIAL DIET FORM

**CENTER:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_ **FSA:** \_\_\_\_\_

\_\_\_\_\_ requires diet modifications due to the following:

**Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

- Religious Reasons (specific restriction/request : \_\_\_\_\_)**
- Peanut Allergy**
- Tree Nut Allergy**
- Sesame**

**Lactose/Milk Intolerance (must check one of the following boxes below)**

- Provide a diet that eliminates fluid milk and provide a Lactose Free Milk Substitute (requires Parent/Guardian Request for Fluid Milk Substitution Form).
- Provide a diet that eliminates fluid milk AND all dairy based menu items (such as: yogurt, cheese, and foods made with cheese) and provide a Lactose Free Milk Substitute (requires Parent/Guardian Request for Fluid Milk Substitution Form)

**Milk Allergy (must check one of the following boxes below)**

- Provide a diet that avoids all dairy based menu items (such yogurt, cheese, and foods made with cheese) and provide a Soy Milk Substitute (requires Parent/Guardian Request for Fluid Milk Substitution Form).
- Provide a diet that avoids all dairy based menu items AND ingredients (such as those found in some baked goods, combination dishes and sauces) and provide a Soy Milk Substitute (requires Parent/Guardian Request for Fluid Milk Substitution Form).

**Egg Allergy (must check one of the following boxes below)**

- Provide a diet that avoids egg-based products (scrambled eggs, hard-boiled eggs, custard)
- Provide a diet that avoids egg-based products and foods with egg as an ingredient (muffins, snack crackers, ranch dressing)

**Soy Allergy (must check one of the following boxes below)**

- Provide a diet that avoids liquid soy "milk substitute". If child also has a milk allergy, specify milk replacement on Required Parent/Guardian Request for Fluid Milk Substitution Form
- Provide a diet that avoids all soy-based products AND foods with soy ingredients.

**Wheat Allergy (diet avoids all wheat ingredients)**

**Gluten Intolerance (diet that avoid all gluten)**

**Shellfish Allergy**       **Fish**       **Crustaceans**

Other Allergy/Intolerance: Specify: \_\_\_\_\_

Reason: \_\_\_\_\_

Any other specific instructions: \_\_\_\_\_

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**This is requested by (check one):**

**Parent Preference**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**Licensed Physician or Recognized Medical Authority**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**PLEASE RETURN IMMEDIATELY!**

Side 2 of the Head Start Child Physical Form - Rev. 12/2024- RR