



Hillcrest Lutheran Academy
Food Service Department
Alviands



Special Dietary Needs Form
Please fill out and return to HLA...if it applies to you

If your child has any special dietary needs, please complete the following information and return to Hillcrest Food Service Department:

Name of Student: _____
Grade: _____
Name of Parents: _____

1. Dietary concerns because of a health reason: _____

(Special Diet Statement from Physician required with substitutions or modifications that participant needs)

2. Dietary concerns because of eating disorder: _____

3. Comments or concern that HLA Food Service Dept. needs to know to help serve your students dietary needs: _____

This Institution is an equal opportunity provider. HLA participates in a USDA Child Nutrition program.