

School: \_\_\_\_\_ Name(s)/Grade(s): \_\_\_\_\_ Date: \_\_\_\_\_

# Request for a Plant-Based Lunch

**Note to Parent/Guardian/Student:** Please fill out this form to request a plant-based lunch. We ask that a parent/guardian fill out the form for elementary and middle school students; high school students may fill out this form themselves if desired. If you have more than one student in the same school, you may put multiple students on the same form. If you have more than one student in the same school, but with different needs (ie, food allergies or day of week requests), please fill out separate forms. If you have students in separate schools, fill out a form for each separate school.

**Schools in Illinois are required to provide a plant-based lunch upon prior request under Illinois bill 4089. Due to the time it takes to order food and plan lunches, we ask for 4 weeks' advanced notice.** The student does not need to follow a plant-based diet to request a plant-based lunch. The student does not need to eat lunch at school every day to request plant-based meals.

Definition of **Plant-Based** as intended by the law and will be followed by the school: **Plant-Based** means food and/or beverages that come 100% from plant sources (vegan). Plant-Based food means no meat/poultry/fish/seafood/milk/cheese/yogurt/sour cream/butter/margarine that contains dairy/ice cream/dairy derivatives (casein, whey, lactose)/eggs/egg derivatives/honey/lard/gelatin.

**Please note that if you have any questions, you can reach out to** <Put Food Service Director/Manager's Name Here> **at** <put email address and phone number here>.

Student's Name(s)/Grade(s)/Dates of Birth: \_\_\_\_\_

Student's School: \_\_\_\_\_

Name of Person Filling Out Form: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship of Person Filling Out Form:  Parent/Guardian  Self  Other: \_\_\_\_\_

My student will get lunch (to avoid labor and food waste, we need specific days regarding participation):

Daily **OR**  Specific Days of each week:  Monday  Tuesday  Wednesday  Thursday  Friday

My student/I request non-dairy milk (*Federal law has specific requirements for non-dairy milk in schools, specific brand/flavor requests cannot be honored. Only certain brands of enriched soy milks or milks made from pea protein qualify. We will endeavor to provide unsweetened non-dairy milk if it is available, but if not, the non-dairy milk may contain added sugar.*)

**A separate medical authority modified meal request form must also be completed for disability-related requests, including food allergies. Do not use this form to request meal accommodations for medical reasons.** Please do check off appropriate boxes to help us with planning plant-based requests.

No allergies  Gluten/Wheat  Soy  Corn  Sesame  Tree Nuts (specify)

Peanuts  Other (specify): \_\_\_\_\_

Is there anything else you would like to make us aware of? \_\_\_\_\_

Signature: \_\_\_\_\_

Date Requested: \_\_\_\_\_