



**SPECIAL MEAL REQUEST – Mill Hollow**

**Mill Hollow Food Svcs.**  
info@millhollow.org  
P.O. Box 9888  
Salt Lake City, UT 84109  
Ph 385-325-CAMP

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Dates Attending Mill Hollow \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Schools and agencies participating in federal nutrition programs *may* accommodate reasonable requests. Complete the following information by giving the condition or diagnosis of the child and foods that are to be omitted from the child's diet. List the proper foods or choices of food that may be substituted. Note: Accommodations for a dairy free diet are available however a liquid milk substitute is not available unless sent with your child to Mill Hollow. Obtain the required medical authority's signature and contact information below along with a parent or guardian signature.

Child's Health Issue \_\_\_\_\_

Food(s) To Be Omitted \_\_\_\_\_

Symptoms If Consumed \_\_\_\_\_

Action To Be Taken \_\_\_\_\_

Food(s) That Can Be Substituted \_\_\_\_\_

Texture Modification  Regular  Chopped  Ground  Pureed

**MEDICAL AUTHORIZATION REQUIRED**

I do hereby certify that the above named child requires a change in his/her diet.

Date \_\_\_\_\_

Medical Authority's Signature \_\_\_\_\_

Medical Authority's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*(Please print or use authorized stamp)*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

***PLEASE SCAN/EMAIL COMPLETED FORM to info@millhollow.org (Subject Line: "Attn: Food Svcs") by the end of May or no later than 3 weeks prior to your child's Mill Hollow reservation.***

**OFFICE USE ONLY:**

Central Kitchen Dietetics Approval \_\_\_\_\_ Date \_\_\_\_\_

Instructions \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ DATE SENT TO THE MILL HOLLOW KITCHEN MANAGER \_\_\_\_\_