

## Special Food Order Form

For use by HCA Student Nutrition Services and parents to pre-order special meals to accommodate children with food allergies. *You must have medical documentation on file.*

Please email this form to: [hcakitchen@holycrossweb.com](mailto:hcakitchen@holycrossweb.com). Make sure to 'Save As' before emailing the form as an attachment. If you can't email it, please print it, fill it out and hand it in to the kitchen or into the office. Please retain a copy for your records.

Special orders must be received no later than **4PM one full week** before the meal is needed. You will receive an email confirmation that your order was successfully placed when we have received it. Please call Mrs. Mary Beall at 540-286-1600 with any questions.

**Date of Request:** Click here to enter a date.

**Date Meal is Needed:** Click here to enter a date.

**Child's Name:** Click here to enter text.

**Grade/Teacher:** Click here to enter text.

**Parent's Name:** Click here to enter text.

**Parent Email:** Click here to enter text.

**Parent Phone:** Click here to enter text.

**Food Allergies:** Please check the appropriate box.

**Menu:** Click here to enter text.

*All menu items are free of peanuts & tree nuts*

Dairy

Wheat

Eggs

Soy

Other: please specify: Click here to enter text.

**Additional Comments:** Click here to enter text.

### DO NOT WRITE BELOW THIS LINE

Kitchen staff to complete the following sections

**Approval Date:**

**ALWAYS PREPARE SPECIAL ORDERS IN SEPARATE AREA BEFORE OTHER FOODS ARE PREPARED**

**Menu alterations needed:**

**Entrée:**

**Side:**

**Side:**

**Side:**

**NAME OF STUDENT:**

SERVED

I certify that the student listed & checked on the right received a complete lunch meal.

Manager signature: