

# DIETARY RESTRICTIONS

If your child has any food allergies/dietary restrictions, (gluten, dairy, nuts etc.), please fill out the form below and return to school.

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

Allergic to:

Meal replacement instructions: (with discussion with kitchen personnel)

Doctor Signature/Note: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_