

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: _____