

DIETARY INFORMATION

Name of Child _____

Does your child have a life-threatening allergy? _____

The following is required in order to control food, which may be served to your child. Please be as specific as possible regarding any restrictions on your child's diet due to allergies, religious restrictions.

Please feel free to attach any additional information that would be helpful. Note that a child can become ill or uncomfortable if he/she eats unfamiliar food.

List any foods, which your child may NOT eat due to allergies or religious restrictions:

Ingredients that your child may not have due to allergies or religious restrictions: Please be specific as to any name under which this ingredient might be listed on a product label.

Identify procedure to be followed in the event your child had an allergic reaction:

Parent Authorization _____

Signature

Date