

Written Diet Restrictions

Child's Name _____ Date: _____

I understand that if my child requires a special diet due to religious or personal beliefs I will provide a written statement as to what diet restrictions are necessary.

I understand that if my child requires a special diet due to medical reasons, I must submit written instruction of the medical reasons from my child's physician. The physician's documentation will be placed in my child's health file, and the information regarding my child's special diet will be provided to the dietary staff preparing and serving food.*

Written diet restrictions: (if not applicable, please indicate N/A)

Parent/Guardian: _____ Parent/Guardian: _____