



## Allergy and Dietary Restriction

Child's Name: \_\_\_\_\_

Please check the appropriate **dietary restrictions**:

- No Gluten
- No Casein
- No Eggs
- No Meat
- No Lactose
- No Peanuts
- No Soy
- OTHER: \_\_\_\_\_
- My child has no **dietary restrictions**
- My child has no **allergies** (including non-dietary allergies)
- My child has **allergies** to \_\_\_\_\_
- My child has an Epi-pen that I will provide with a prescription from his/her doctor.

\_\_\_\_\_  
Guardian/Parent Signature

\_\_\_\_\_  
Date