



Form – Dietary Restrictions

Student Name: _____

Please check all boxes that pertain to your child.

NOTE: To report food allergies that cause allergy symptoms and/or medical distress that should be documented by your physician on the health inventory form. This form is not intended to be used for any type of medical/health restriction.

My child has the following dietary restrictions:

No gluten

No casein

No eggs

No meat

No lactose

No tree nuts

No soy

OTHER:

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)