



FOOD AND DIETARY INFORMATION
2016-17

If your child has specific dietary needs (e.g., allergy, sensitivity, intolerance, vegetarian or vegan) it is critical that you note these on this form so that we serve your child the appropriate snack. Please note we are not a peanut free facility and cannot accommodate severe peanut allergies that require separate food preparation and eating areas. Depending on the food and your child's circumstance we may ask for your doctor's confirmation. Sometimes we are able to provide an alternate food choice; if not we will ask you to bring in a substitute snack. Thank you!

Child's Name: _____ **Date of Birth:** _____

Teacher: _____ **Session:** MWF TuTh M-F

_____ **My child has no dietary restrictions**

My child cannot eat the following foods or food ingredients (please list):

<u>Food</u>	<u>Reason</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature: _____ **Today's Date:** _____