

Food Restriction Form

Child's Name: _____ Date _____

Parent's/Guardian's Name: _____

My child has a food sensitivity (Not a life threatening food allergy!)

Food(s)

Reaction if eaten

My child has food restrictions for cultural or religious reasons

My child may not eat the following foods:

Foods to substitute:

1. _____

2. _____

3. _____

4. _____

5. _____

I understand that it is my responsibility to indicate weekly on a current menu any food my child cannot have by marking out the foods and turning the menu in to my child's teachers. I further understand that it is my responsibility to provide an appropriate substitute food; for example, a protein to replace a red meat, or a fruit for another fruit.

Parent/Guardian Signature

Date

Primary Teacher Signature

Date

Cook Signature

Date

Administrator Signature

Date