

## 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.**

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**Parent/Guardian Signature**

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**Date**

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**Primary Teacher Signature**

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**Date**

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**Cook Signature**

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**Date**

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**Administrator Signature**

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**Date**