

# DIETARY INFORMATION

**Name of Child:** \_\_\_\_\_

- My child has no dietary restrictions.
- My child has dietary restrictions that are listed below.

The following is information we must have to better regulate the snacks which are served to your child. Please be as specific as possible regarding any restrictions on your child's diet due to religious restrictions or family dietary choices.

Please be as detailed as possible. A child can become ill or suffer discomfort if he/she has a food that he/she is not used to eating.

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**Please list any foods which the child may not eat due to religious restrictions or family dietary choices:**

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**Ingredients that the child may not have due to religious restrictions or family dietary choices. Please be specific about any names under which this ingredient might be listed.**

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**Foods that the child may have in limited quantities (please specify) or on limited occasions (please specify)**

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**Name of parent or guardian who has completed this form (please print clearly):**

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**Signature**

**Date**