Food Allergy/Dietary Restrictions SY 2015-2016

| My child is allergic to the following foods: | |
|----------------------------------------------|---------------------------------|
| My child is restricted from eating t | the following foods: |
| | |
| My child has <u>no</u> food all | ergies or dietary restrictions. |
| (Parent initials) | |
| Child's Name: | |
| Parent Signature: | Date: |