

Dietary Restrictions Form

Name: _____

Grade: _____

This form must be completed and returned by June 16, 2017 so that necessary meal arrangements may be made. All students **MUST** complete this form regardless of whether you have any dietary restrictions or not.

____ Check here if you have **NO DIETARY RESTRICTIONS**

Please check any of the following that apply to you:

____ Lactose Free

____ Gluten Free

____ Vegetarian

____ Vegan

____ Other _____

Please list any food allergies you have:

Please list any other dietary restrictions you have (please note that this is not an area to list foods that you dislike!! Please only list foods that you may not eat due to religious or health reasons):

PARENT/GUARDIAN SIGNATURE: _____

