

DIETARY RESTRICTIONS

Student's name _____

PLEASE LIST ANY FOODS OR NON-FOODS YOUR CHILD SHOULD NOT BE EXPOSED TO:
(i.e - wheat, red dye, perfumes, latex, etc.)

DESCRIBE WHAT TYPICALLY OCCURS WHEN AND IF YOUR CHILD IS EXPOSED TO OR INGESTS A RESTRICTED ITEM:

EXPLAIN WHAT ATTENTION YOUR CHILD WILL NEED: (MEDICATION, ETC.)

VITAMINS, SUPPLEMENTS, AND MEDICATION

PLEASE LIST ANY VITAMINS, SUPPLEMENTS, AND/OR MEDICATIONS YOUR CHILD RECIEVES ON A REGULAR BASIS. (This will keep us informed in case of any unusual events)
