

Special Diet

Child's Name: _____ Birth date: _____

Parent/Guardian Name: _____

Parent/Guardian contact number: _____ Home _____ Work _____

Foods to Omit and Why: (Include milk)

I certify that the above named child needs special meals prepared as described above because of the child's disability or chronic medical condition.

Parent/Guardian signature: _____

Date: _____

Any Questions call the school office 847-4455.