



Meadow Park Preschool and Child Care Center Food Restriction Form

Name: _____

Birthdate: _____ Enrollment Date: _____

What are your child's food restrictions (check appropriate item)

- No Milk (Type of substitute Required _____).
- No Dairy (List Restricted Products _____).
- No Pork
- No Beef
- No Chicken/Turkey
- No Fish
- Other Food Restriction _____
- Other Food Restriction _____
- Other Food Restriction _____

Circle Type of Restriction: Food Allergy Religious Personal Choice

Comments: _____

- *If this restriction is due to a food allergy, the Allergy Action Plan must be filled out in addition to this form. A Doctor's note is required for all food allergies.*

We have read the above request and agree to follow the course of action to the best of our abilities.

Parent's Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____

Executive Director's Signature: _____ Date: _____

