

# Dietary Restrictions Form

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

This form must be completed and returned by June 10<sup>th</sup> so that necessary eating 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 intolerant

\_\_\_\_\_ Vegetarian (will eat animal products, but not meat)

\_\_\_\_\_ Strict Vegetarian (vegan... no animal products whatsoever)

\_\_\_\_\_ Kosher

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):

STUDENT SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_