

Special Dietary Needs Request

Child's Name:	Child's Date of Birth:
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Types of Dietary Needs:

Allergy or Food Intolerance: An allergy request will likely require a medical statement from your provider. We will follow up with you about your child's dietary needs and provide a medical statement form if needed. Please select the allergy/intolerance check box below.

Food Preference: Dietary, lifestyle, religious, and other food preference do not require a medical statement. The replacement food must meet the requirements for the Child and Adult Care Food Program (CACFP) and must be approved by the agency food service coordinator. We will follow up with you about your child's dietary needs and what options are available in the center. Please select food preference below.

Foods/Milk my Child Cannot Eat or Drink	Replacement Foods/ Milk Requested	Type of Food Request	Allergies Only: Signs your child is having an allergic reaction	Allergies Only: If your child has an allergic reaction at the center, what is the best way to respond*
		<input type="checkbox"/> Allergy <input type="checkbox"/> Preference		
		<input type="checkbox"/> Allergy <input type="checkbox"/> Preference		
		<input type="checkbox"/> Allergy <input type="checkbox"/> Preference		
		<input type="checkbox"/> Allergy <input type="checkbox"/> Preference		
		<input type="checkbox"/> Allergy <input type="checkbox"/> Preference		
		<input type="checkbox"/> Allergy <input type="checkbox"/> Preference		

*Please provide as many details as possible (including medications, phone numbers to call, etc.) so that we can best support your child in an event of an allergy reaction

This institution is an equal opportunity provider