

DIET RESTRICTION LETTER

Date: _____

To the Kiddie Academy® of _____:

I, _____ request that my child, _____,
not eat the following foods while at Kiddie Academy:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

The reason for this diet restriction is (please check one):

- Personal Preference / Religious
- Allergy (a note from the Doctor is attached to this form)
- Other (Please explain) _____

The following substitutions may be provided to my child.

Signature: _____

Printed Name: _____

Office Use Only

- Request added to Classroom and Kitchen Food Allergy Chart
- Photo taken and posted
- Request and documentation in child's file(s)