

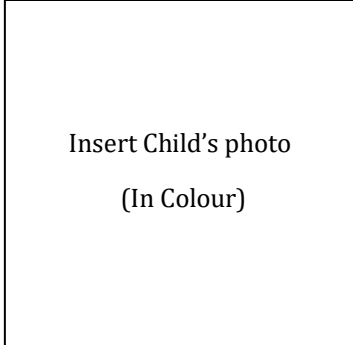


## Food/Dietary Form

My Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has dietary needs for religious, medical, health reasons, or is my own preference. I will inform the centre and update this form if these requirements change.

- Food Allergy
- Coeliac Disease
- Vegetarian/Vegan Diet
- Food Intolerance
- Medical Diet
- Religious/Cultural Diet
- Has dietary needs for their own preference



My child can <b>NEVER</b> have:	My child <b>CAN</b> have the following:	What foods does your child like to eat?

What type of Symptoms will they have:

Additional Comments:

Parent Sign: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_