



Dietary Needs on a Field Trip

Complete and sign this form **only** if food allergies/special diet is required.

Student Name _____ Grade _____

Field Trip _____ Date(s) _____

In an attempt to accommodate the dietary needs of your child, please complete this form in detail.

While we will do our best to communicate these needs to the relevant facility, it does not mean that all dietary requirements can be met and there may be a need for parents to provide special meals and snacks for the length of the stay.

Does your student have **allergies** to any of the following:

- Gluten/Wheat
- Tree nuts
- Peanut
- Fish
- Fruit
- Soy
- Shellfish
- Milk
- Eggs
- Other dairy _____

If you checked any of the above, please explain in detail. _____

Does your child require a **special type of diet**, for example, high fat, vegetarian, or diabetic? Please explain.

Parent Signature _____ Date _____

Parent Name (please print) _____

Parent Phone _____ Parent Email _____