

Religious Dietary Restriction

Name _____ Classroom _____

Age _____

Does the child have a special nutritional or feeding need? NO YES

Does the child have a religious restriction(s) in his/ her diet? NO YES

Please follow the restriction(s) of the religion: _____

List any dietary restriction or special diet:

List all restricted food items. For each item, list a food to be substituted.

Parent/Guardian

Signature _____ Date _____

Principal

Signature _____ Date _____