

Do you have any dietary restrictions? Please check any of the following that apply:

	Student	Adult	Notes:
Vegetarian Meals:			
Gluten-Free Meals:			
Nut Allergy:			
Dairy:			
Other:			

Please list any allergies, sleeping concerns, recent surgeries, and/or physical restrictions that may affect student and/or adult:

Student	Adult

I hereby verify that the health information provided on this form is accurate to the best of my knowledge.

Parent Signature: _____

Date: _____

Please return this form to your child's homeroom teacher. Thank you!