KNOX COUNTY SCHOOLS

Parental Release of Dietary Restrictions

Student's Name _____ School _____

Release from Dietary Restrictions Statement

I, _____ parent/legal guardian of _____
(print name) (circle as appropriate) (print student's name)

am aware that my child has allergies/restrictions to certain foods as documented by their medical provider. I request that my child be released from the following dietary restrictions and cafeteria oversight for my child's food selection. Please list below the foods you would like your child to be allowed to have from the cafeteria:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____
(parent/guardian signature) (date)