

**Special Diet**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian contact number: \_\_\_\_\_ Home \_\_\_\_\_ Work

**Foods to Omit and Why: (Include milk)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above named child needs special meals prepared as described above because of the child's disability or chronic medical condition.

Parent/Guardian signature: \_\_\_\_\_

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

Any Questions call the school office 847-4455.

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