

DIET RESTRICTION LETTER

Date: _____

To the Kiddie Academy® of Little Neck _____:

I, _____ request that my child, _____,
not eat the following foods while at Kiddie Academy:

1. _____ 2. _____
3. _____ 4. _____

The reason for this diet restriction is (please check one):

- ☐ Personal Preference / Religious
☐ Allergy (a note from the Doctor is attached to this form)
☐ Other (Please explain) _____

The following substitutions may be provided to my child.

Signature: _____

Printed Name: _____

Office Use Only

- ☐ Request added to Classroom and Kitchen Food Allergy Chart
☐ Photo taken and posted
☐ Request and documentation in child's file(s)