



## DIET RESTRICTION LETTER

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

To the Kiddie Academy® of \_\_\_\_\_:

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.

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Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**Office Use Only**

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