

**1** Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child Eats:  Breakfast  Lunch  P.M. Snack

Center: \_\_\_\_\_ LOC ID: \_\_\_\_\_

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

**Attention Parent:** *Your child's dietary needs will be posted in his/her classroom on a blue Special Diet Alert. His/her picture will be posted on the outside of this alert to ensure your child is easily identified as having a special diet - this is for your child's safety.*

**2** THIS SECTION IS TO BE COMPLETED FOR CULTURALLY APPROPRIATE DIETS ONLY.

Our family cannot have, my child cannot have (check all that apply):

Chicken  Turkey  Beef  Fish  Other (Must be approved by physician): \_\_\_\_\_

**Our centers do not serve pork, gelatin, or any pork products.**

**3** THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN ONLY FOR ALLERGIES AND INTOLERANCES

Food Allergy/Intolerance: \_\_\_\_\_

\_\_\_\_\_

Milk substitutions:  Lactose Free Milk  Enriched Vanilla Soy Milk  Enriched Vanilla Rice Milk

Other substitutions: \_\_\_\_\_

Does this child need medication for this food allergy? Yes  No

**If yes, Physician Instructions for Medication Administration form must be completed.**

Special Diet/Nourishment: \_\_\_\_\_

Tube Feeding (specify): \_\_\_\_\_

Adaptive Feeding Devices: \_\_\_\_\_

Other: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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