

Diet Restrictions

Because nutrition is an essential part of our program and in keeping with our policy to aid children with dietary restrictions, we ask that our staff be notified of such restrictions with the form below.

USDA regulations require a doctor's written directions *not* to serve milk at meals and snacks. Please ask you child's physician to sign this form *if* milk is to be withheld.

My child _____ has these restrictions to his/her diet:

This is effective as of _____ (Date) and will remain in effect until _____ (Date)

Parent's signature

Physician's signature