

# Religious Dietary Restriction

Name \_\_\_\_\_ Classroom \_\_\_\_\_

Age \_\_\_\_\_

Does the child have a special nutritional or feeding need?    NO    YES

Does the child have a religious restriction(s) in his/ her diet?    NO    YES

Please follow the restriction(s) of the religion: \_\_\_\_\_

List any dietary restriction or special diet:

---

---

---

---

List all restricted food items. For each item, list a food to be substituted.

---

---

---

---

---

---

Parent/Guardian

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

Principal

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