



Child's Name _____ Date _____

Parent Signature _____

Allergy/Food Restriction

Reaction

1.

2.

3.

If your child is vegetarian, please indicate which meats, if any, your child may have. If your child does not eat any meat, please write "no meat" and give the reason your child is not allowed to eat it (religious reason or health reason).

*Please take a moment to look at our menu. If your child is allergic to any items on our menu, please let us know so that either we or you may provide an alternative.

Please update and initial each year.

Initial Date _____
Initial Date _____
Initial Date _____
Initial Date _____