

## Student Dietary Conditions - 2023

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

### Dietary Condition (Please tick)

- Celiac
- Fructose Intolerant
- No Dairy
- No Pork Products
- Vegetarian
- Food Allergy (Please Specify) \_\_\_\_\_
- Other (Please Specify) \_\_\_\_\_

### Foods NOT to be consumed (General)

- No Dairy
- No Fructose
- No Wheat
- No Meat Products (Vegetarian)
- No Nuts
- No Pork
- Other (Please Specify) \_\_\_\_\_