## Dietary Restriction Addendum

On the medical form, you indicated that your student has a dietary restriction. If this restriction is the result of a food allergy, please also complete the Allergy Addendum.

Student Name:
Date of Birth:
Student has the following dietary restriction (check any that apply, and provide details below): $\square$ vegetarian $\square$ vegan $\square$ gluten-free $\square$ lactose-free $\square$ other:

Student has the following food allergies (if so, please complete the Allergy Addendum):
$\qquad$

Student has the following food intolerances:

Please detail any dietary restriction below, clarifying terms as needed (e.g. "vegetarian, but eats fish," "low sugar, honey okay," "mildly gluten intolerant-gets upset stomach").
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Please duplicate and/or attach additional sheets as needed. \# sheets attached: $\qquad$
Parent/guardian: please initial when this addendum is complete: $\qquad$

