

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 vegetarian vegan gluten-free	n (check any that apply, and provide details below):
Student has the following food allergies (if	so, please complete the Allergy Addendum):
Student has the following food intolerance	9S:
	clarifying terms as needed (e.g. "vegetarian, but eats en intolerant—gets upset stomach").
Please duplicate and/or attach addition	al sheets as needed. # sheets attached:

Parent/guardian: please initial when this addendum is complete:_____