

Non-Allergic/Intolerant Family Food Preferences

Date: _____

Child's Name: _____ Room/s: _____

In order to honor the requests of families with food preferences, we ask you to please check off the food/foods that your child may not consume at school:

____ Beef

____ Pork

____ Chicken

____ Turkey

____ Fish

____ Shellfish

____ Milk containing products.

____ Egg containing products.

____ Other-Please list- _____

Thank you for completing this form in order for us to meet your child's nutritional needs and family preferences. Please return this form to the Family Support Specialists.

Parent Sig.: _____ Date: _____

RN: _____

CC: Room/s _____

Kitchen: _____