



Food Preference Form

Date Completed _____ Child's Name _____

Eating Lifestyle (Check which applies)

Vegetarian Vegan Kosher Diabetic No Pork

Other _____ (Including Religious Exemptions)

Not Applicable/No Special Diet

Allergies/Sensitivities

Does your child have any food allergies? Yes No

If Yes, please list foods and reaction(s) _____

Does your child have any food sensitivities? Yes No

If Yes, please list foods and reaction(s) _____

When a classmate brings cake or other treats for their birthday party, do you authorize your child to partake in eating such foods? Yes No

Any foods you do not want your child eating? Yes No

If Yes, please list food(s) _____

(Parent) Signature

(Parent) Print Name