



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