

Dietary Restrictions Form

Name: _____

School: _____

All students and advisers **MUST** complete this form regardless of whether you have any dietary restrictions or not.

_____ Check here if you have **NO DIETARY RESTRICTIONS**

Please check any of the following that apply to you:

_____ Lactose intolerant

_____ Vegetarian (will eat animal products, but not meat)

_____ Strict Vegetarian (vegan... no animal products whatsoever)

_____ Kosher

Please list any food allergies you have:

Please list any other dietary restrictions you have (please note that this is not an area to list foods that you dislike. Please only list foods that you may not eat due to religious or health reasons):

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____