

Vegetarian/Allergies Form

Child's Name: _____

Date: _____

Teacher's Name: _____

Room: _____

Is your child 100% vegetarian? Yes No

If not, please put a check mark on what he/she MAY eat:

Beef

Fish

Pork

Eggs

Chicken

Other _____

Is your child allergic to anything? (Please list)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

What type of reaction does he/she get if consumed? (Please print clearly)
