SPECIAL DIET FORM

Child Care Center:	Telephone:	
Child's Name:	Birth Date:	
Parent's Name:	Telephone:	
Address:	City:	Zip:
		-
Food(s) restricted are:		
Food(s) to be substituted for restri	ctod ones are:	
rood(s) to be substituted for festir	cteu ones are.	
Physician/Medical Authority Signat		Data .
r mysiciani, iviculcal Authority Signal	uic l	Date