

Substitution of food items in school-provided meals requires this form to be completed and signed by child's health care provider, updated annually.

Callier Child Development Program

Notification of Special Dietary Needs

Child's Name _____ Date of birth _____
Group _____

Child may not be given the following food item (s):

Acceptable substitutes for restricted food item (s):

Description of medical conditions/ health reasons for requesting substitution:

Printed Name of Physician/Health Care Provider

Signature of Child's Physician/Health Care Provider

Phone number

Date

This information may be posted as appropriate to alert staff.

Parent signature _____

Date _____