

**Parental Release of Dietary Restrictions**

Student's Name \_\_\_\_\_ School \_\_\_\_\_

**Release from Dietary Restrictions Statement**

I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_  
(print name) (circle as appropriate) (print student's name)

am aware that my child has allergies/restrictions to certain foods as documented by their medical provider. I request that my child be released from the following dietary restrictions and cafeteria oversight for my child's food selection. Please list below the foods you would like your child to be allowed to have from the cafeteria:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)