



Children's Center
189 Log Canoe Circle, Stevensville, MD 21666
410-643-4181

Diet Restriction Form

_____ My child has no food allergies

_____ My child has no dietary restrictions

Please make note of any known food allergies that your child has (all allergies must also be noted on the Health Inventory form signed by your doctor):

Please note any dietary restrictions that your child has:

Please substitute with the following:

Child's Name _____

Parents Signature _____ Date _____