The Bridge School
ESTD 2025

Food Preference/Allergy Dietary Restriction Form

In efforts to keep all medication information as updated as possible, please notify us of any allergies or dietary restrictions that your child may have. If your child has an allergy that requires an Epi-pen, please make sure the office has an auto-injector. **Your child will not be allowed to stay on site without it.**

Child's Name: _____ **Gender:** _____

Date of Birth: _____

My child requires an Epi-pen: ○ Yes ○ No

Preferred Meal:

- ○ Vegetarian
- ○ Egg/Dairy Free
- ○ Regular

Preferred Milk:

- ○ Regular Milk (whole or 1%)
- ○ Other Milk
- ○ Lactaid
- ○ Other: _____

*Please note: If your child will be drinking any milk other than cow's milk or soy milk, a medical note must be provided from your physician.

Allergy Restriction:

1) _____
Child's Reaction: _____

2) _____
Child's Reaction: _____

3) _____
Child's Reaction: _____

Dietary Restriction:

1) _____

2) _____

3) _____

Comments: _____
_____