

DIETARY PLAN



Child's Name: _____

Does your child have any special dietary restrictions / sensitivities? Yes No
If so, what are they?

*Family to provide special food/drink if needed (i.e. Almond Milk, Soy Butter, etc)

Does your child have any allergies? Yes No

If so, please provide the following two forms:

Healthcare Provider Documentation Plan

DHS Individual Child Care Program Plan

Does your child eat solid food? Yes No

If so, what?

Based on our menu, what foods do you want us to provide?

If we have prior dietary instructions on file, are there foods you are eliminating from your

child's diet? Yes No

If so, what?

Additional notes: Please explain schedule preferences, quantity preferences, food choices, likes / dislikes, etc. below:

Parent / Guardian Signature: _____

_____ Date