

Child Allergy-Friendly Meal Planning Request Form

Parent/Guardian Name

Child's Name

Child's Age

Known Allergies (check all that apply)

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Dairy

Eggs

Peanuts

Tree Nuts

Soy

Wheat

Fish

Shellfish

Other

If other, please specify

Food Preferences (e.g., likes/dislikes, cuisines)

Other Restrictions (e.g., vegetarian, religious, medical)

Requested Meals Per Day

Additional Notes or Special Instructions