ND MiniTHON 2023

Dietary Needs Form

The MiniTHON Food Committee will provide special menu options for any students with dietary restrictions due to allergy, medical conditions, sensitivities or lifestyle. Please return this form with all medical forms to Mrs. Fenton no later than January 27th. Upon receipt of this form, a committee member will contact you to discuss menu options for your student. There will be no outside food items permitted at THON, however items may be donated in advance with approval of the committee. Please feel free to contact the committee members listed below with any questions or concerns.

Lauri Kaulius 908-319-0746 lkaulius@gmail.com

 DIETARY RESTRICTION FORM

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food allergy/sensitivity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary Lifestyle: Vegetarian Vegan Paleo Other

Parent/Guardian email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any additional information, which would be helpful in providing for your child.

Thank You!