



'25-'26 Dietary Restrictions

This form is REQUIRED for ALL STUDENTS. A parent and the student should agree on the choices and complete this form together. If your student has NO allergies and NO restrictions at all - check the top box and sign the form.

Note: This form is for listing food allergies and food restrictions due to religious beliefs.
It is not to be used to list foods that you dislike.

If your student has food allergies or a dietary restriction, DO NOT check the first check box, but instead, review each food restriction or allergy, check all that apply.

If you are planning on chaperoning a contest or will be a Steele Roadie and you have dietary restrictions, please return a form for yourself.

PARENT LAST NAME

PARENT FIRST NAME

PARENT EMAIL

STUDENT LAST NAME

STUDENT FIRST NAME

STUDENT ID

PLEASE CHECK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> I have NO allergies or restrictions at all | <input type="checkbox"/> Gluten free |
| <input type="checkbox"/> Vegetarian (will eat animal products, but not meat) | <input type="checkbox"/> No whole eggs (ex: breakfast tacos) |
| <input type="checkbox"/> Vegan (no animal products) | <input type="checkbox"/> Nut allergy (specify nut type(s) below) |
| <input type="checkbox"/> No red meat | <input type="checkbox"/> Other |
| <input type="checkbox"/> No pork | <input type="checkbox"/> My allergies have the potential to be life-threatening |

Please list nut types and other allergy restrictions

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE