



Student Special Dietary Needs Request

Specific PMEA festival event:

FESTIVAL NAME _____

FESTIVAL DATE(S) _____

Name of Student _____

Student's Home School _____

Emergency Contact Name during the Festival _____

Emergency Contact Phone Number during the Festival (include Area Code) _____

PARENT'S SIGNATURE _____

My child requires the following Dietary considerations .Please CHECK (X) those which apply. Add any additional information that would help the host.

Vegetarian (can eat dairy products) ____

Vegan (no dairy products) ____

Gluten-Free ____

Kosher ____

FOOD ALLERGIES-(Please be SPECIFIC when listing below). i.e. NUTS, FISH, FRUITS, PEANUT BUTTER

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Additional Information _____

Please return this form, along with the Student Medical Form, to the Festival Host.