SPECIAL DIET FORM



Child's Name:	Birth Date:		Kids. Seniors. Community.
Parent's Name:	Telephone:		
Address:	City:	Zip:	
			_
Food(s) restricted are:			
Food(s) to be substituted for re	estricted ones are:		7
			Learning Center
			2213-14 th Street NE Canton, Ohio 44705-1925 phone: 330.452.8376 fax: 330.452.1137
Physician/Medical Authority Si	gnature	Date	United ACCREDITED CHARITY bibborg