



PLAN OF CARE FOR SPECIAL DIETARY NEED

CHILD INFORMATION

First Name:	Last Name:
Date of Birth: / /	Program Site:
This Plan of care is for: <input type="checkbox"/> 2019-20 School Year <input type="checkbox"/> 2019 Camp AYS	

DESCRIBE THE DIETARY NEED

FOODS TO BE OMITTED	SUBSTITUTIONS
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ADDITIONAL INFORMATION ABOUT THE DIET

Parent Signature	Date
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