

Kids Therapy, Ltd.

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FOOD PERMISSION / DIETARY INFORMATION

Please complete the following to inform the Kids Therapy staff of your child's diet restrictions and to allow your child to participate in snack activities.

_____ My child may participate in snack time and has no diet restrictions.

_____ My child may participate in snack time if diet restrictions are observed.

Diet restrictions:

_____ My child may participate in snack time; however, I will provide his/her snack for snack time.

_____ My child should not participate in snack time.

Child's Name

Parent Signature

Date

Please list the food(s) your child is motivated to eat:

