Student Special Dietary Needs Request Form

Student Name (FN LN): _____

Parent/Guardian Contact Name: _____

Parent/Guardian Contact Email: _____

Parent/Guardian Contact Phone #: _____ Phone # Type: Cell ☐ Home ☐ Work ☐

Fest/Festival Name:_____

Director Name: _____

Director's Preferred Email: _____

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

Vegetarian (can eat dairy products) ☐
Vegan (no dairy products) ☐
Gluten-Free ☐
Kosher ☐
Lactose Intolerant ☐
None of the Above ☐

Do you use an Epi-pen? (If so, please note that a medical administration form must be completed and submitted to PMEA)
No ☐ Yes ☐

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 to your Director. Should any information change throughout the initial PMEA fest/festival process, a new form must be secured, updated and given to your Director.