



# Student Special Dietary Needs Request Form for Fests

Student Name (FN LN): \_\_\_\_\_

Parent/Guardian Contact Name: \_\_\_\_\_

Parent/Guardian Contact Email: \_\_\_\_\_

Parent/Guardian Contact Phone #: \_\_\_\_\_ Phone # Type: Cell Home Work

Fest Name: \_\_\_\_\_

PMEA 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 PMEA member Director.**