



Student Special Dietary Needs Request Form for Fests

*Only needs to be completed if the student has special dietary needs

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.