TUTS THE RIVER

Allergies and Dietary Restrictions Form

Please complete and return to The River for record of your student's allergies and/or dietary restrictions.

STUDENT INFORMATION

Name:_____ **DOB:** _____

DIETARY RESTRICTIONS

Please check any and all of the following that apply to the student:

- ☐ Gluten Free
- ☐ Casein Free
- ☐ Lactose Intolerant
- ☐ Vegetarian
- ☐ Vegan
- ☐ Kosher
- ☐ Other: _____

Please list foods the student cannot eat due to religious or health reasons: _____

_____

ALLERGIES

Please list the student's allergies:

_____

_____

- ☐ Check box upon completion of Permission for Medical Treatment Form
- ☐ Check box if attaching an Allergy Action Plan

_____ _____

Parent/ Guardian Signature **Date**

THE RIVER PERFORMING AND VISUAL ARTS CENTER
1475 WEST GRAY SUITE #158 HOUSTON, TX 77019
P: 713-520-1220 **F:** 713-558-8818 **E:** river@tuts.com **W:** www.TUTS.com/River