



North Campus
11380 N.W. 27th Avenue,
Building 600
Miami, FL 33167-3418
Ph: (305) 237-1357
Fax: (305) 237-1592
C11MD1451

DIET & ALLERGY RESTRICTIONS
School Year: 2021 - 2022

Child's Legal Name: _____

Diet Restrictions with CCFP Medical Statement (if none, please write: NONE): _____

Allergies / Reactions (if none, please write: NONE): _____

Prescription Medication(s) Regularly Taken (if none, please write: NONE): _____

Parent / Guardian Signature

Date

Staff Signature

Date

Staff Notes:

"Educating the mind without educating the heart is no education at all"
Aristotle