



2999 S. Colorado Blvd.  
Denver, CO 80222  
ph 303.691.0346  
fax 303.758.0819  
www.wpcdenver.org

## Dietary Restrictions Form

School Year 2022-2023

**My child (first & last name)** \_\_\_\_\_ **has**

**dietary restrictions for the following food/s:**

\_\_\_\_\_ .

Reactions to restricted food are related to:

Ingestion \_\_\_\_\_

Contact with Skin \_\_\_\_\_

Airborne \_\_\_\_\_

Religious or Cultural \_\_\_\_\_

Please list on your child's dietary restrictions for the school year of 2022-2023. Please update us through the year, if the dietary restrictions change. Please communicate with your child's teacher and the director about the dietary restrictions.

The children eat together, and are supervised by the teachers during snack and lunch. Sharing or touching classmates' food is discouraged. Safety is a high priority for us. We make every attempt not to expose your child to the dietary allergens or restrictions, but we cannot guarantee that your child will not be exposed. We communicate with PDO families that nut products are not allowed. Please be aware that PDO shares room with the Sunday School Classes. We will do our best to keep the rooms clean and safe in this shared environment.

If your child should ever need medication or an epipen at school because an allergic reaction, please complete **Allergy/Anaphylaxis Health Care Plan**. The PDO Director will email you the form. This form must be kept on file at PDO. Medication cannot be given without these completed forms. This form must be filled out, and signed by your child's pediatrician, then signed by a parent. This is the care plan that PDO follows, if your child is exposed to an allergen while at school. Please fill out the Allergy & Medication Form, too.

Please let us know if you have any questions or concerns while completing this form.

Liz VanKooten  
Director of Wellshire Parents Day Out  
[lvankooten@wpcdenver.org](mailto:lvankooten@wpcdenver.org)