



Inspiring Healthy Life, Together!

Center Name: _____

To Whomsoever it may concern;

Child(ren), _____ has dietary restrictions regarding/ is allergic to

In this case the child(ren) cannot take or have the following items

Instead can take

As the doctor of the child(ren), this is to the best of our knowledge regarding the child(ren)'s healthcare.

Sincerely,

Doctors Signature: _____

Date: _____

Print Name: _____