

*****My child has very important Dietary Restrictions.*****

Name: _____

This is not meant to be a burden on you, but while my child is in your care, I would really appreciate it if you could **please** observe the following simple guidelines:

1. **Please DO NOT** give my child any milk products.
2. **Please DO NOT** give my child any meat or fish products.
3. **Please DO NOT** give my child any bread, wheat or peanut products.
4. **Please DO NOT** give my child anything containing NutraSweet or Aspartame, e.g., all Diet Sodas and many sugar-free candies contain NutraSweet.

I have provided you with specific foods to give my child while in your care. It is very important that you save any leftovers from the foods that I have provided. I will take the leftovers home with me when I pick up my child.

Thank you in advance for your kind understanding and support.

Please see the back of this card for specific instructions and contact information.

Contact Information:

My Name: _____

My Phone Number: _____

Other specific dietary and care instructions:

My child will not have an immediate or adverse reaction if he/she eats something prohibited. However, it is very important that I know what and how much he/she ate of the prohibited food. Please record what and how much was eaten as best you can.



This card is provided as service of the
PKU Organization of Illinois
www.pkuil.org