

WAUKEE COMMUNITY SCHOOL DISTRICT
Authorization for Dietary Identification Card

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Student's Name	Birth Date	School	Today's Date
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At the request of parents and guardians, the Waukee Community School District will issue an identification card for students who have special dietary restrictions or requirements. The card will be used by the District to assist in compliance with special dietary restrictions or requirements which apply to their children.

I am the parent/guardian of the student named in the authorization form, and I have the legal authority to request the issuance of the dietary identification card for this student. I am requesting that the District issue the dietary identification card for the student named in this authorization form, and I make the request subject to the following conditions:

1. I understand that the Waukee Community School District cannot guarantee absolute compliance with the special dietary restrictions or requirements which apply to the student named in this authorization form.
2. Even if an identification card is issued to the student named in the authorization form, I understand that the item which is not in compliance with special dietary restrictions or requirements which apply to this student may be made available to or consumed by this student.
3. I understand that the identification card will be issued in a manner which will allow School District staff to distinguish the card as a special dietary restriction or requirement, and I have no objections to this different style of card.

Parent/Guardian signature (I agree to the above statement): _____

Home Phone: _____ or Home Email: _____

Restriction: Check all that apply

- Pork
- Peanut
- Beef
- Dairy
- Egg
- Gluten

Other: _____