

American Choral Directors Association of Pennsylvania (ACDA-PA)
Student Special Dietary Needs Request Form for Events

Student Name (FN LN):

Parent/Guardian Contact Name:

Parent/Guardian Contact Email:

Parent/Guardian Contact Phone #: Phone # Type: Cell Home Work

Event Name:

ACDA Director Name:

Director's Preferred Email:

My child requires the following Dietary considerations. Please CHECK those which apply. Add any additional information that would help the host.

- Vegetarian (can eat dairy products)
- Vegan (no dairy products)
- Gluten-Free
- Kosher
- Lactose Intolerant
- None of the Above:

Do you use an Epi-pen? (If so, please note that a medical administration form must be completed and submitted to ACDA)

- No Yes

FOOD ALLERGIES-(Please be SPECIFIC when listing below).

i.e. NUTS, FISH, FRUITS, PEANUT BUTTER

1.

2.

3.

4.

5.

6.

Additional Information:

Please return this form to your ACDA member Director.