

**\*\*\*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](http://www.pkuil.org)

