



Brookline Sprouts Preschool & Extended Care

Tree of Life Open Bible Church

1036 Brookline Boulevard, Pittsburgh PA 15226 (412) 531-0590

Food Restriction Request

I, _____, as the parent/guardian of
_____, am requesting that my child is not given
the following to eat:

Trace amounts of the food(s) listed above ☐ are / ☐ are NOT ok to be consumed.

The reason for this request is:

- ☐ Intolerance (such as stomach upset, behavioral, etc.)
- ☐ Allergy (such as hives, difficulty breathing, etc.)
- ☐ Religious or Ethical Reasons
- ☐ Other: _____

This helps us to better understand how to proceed in the unlikely event that your child is exposed.

If my child's restricted food is regular cow's milk, the following alternate milk(s) are ok
(check all that apply):

- ☐ Soy milk
- ☐ Almond milk
- ☐ Oat Milk
- ☐ Lactose free cow's milk
- ☐ Other: _____

Substitution suggestions, or more information regarding a reaction to exposure:

Parent/Guardian Signature: _____

Date: _____

Please note: Certain restrictions may require further documentation from a healthcare provider.

Last updated 5/15/2026