**The Maryland School for the Blind**

Parent

***REGULAR***

**DIET ORDER FORM**

**Health Center - School Year 2016-2017**

**Student Name:**

**[ ]**  Regular Diet

**[ ]**  Food Allergiy:

**[ ]** All Liquids (no restrictions on liquids)

**[ ]** Other:

Parent’s Signature Date

CD/LB/cic:5/2/16