

**Alle-Kiski Valley Band Directors Association**

# Student Special Dietary Needs Request

Festival Name:      \_\_\_ AKV Honors Band Festival      \_\_\_ AKV Jazz Festival

Festival Date(s):      \_\_\_\_\_

Student Name:      \_\_\_\_\_

Student's Home School:      \_\_\_\_\_

Emergency Contact Name (During Festival): \_\_\_\_\_

Emergency Contact Phone (During Festival): ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship of Emergency Contact to Student:      \_\_\_\_\_

Parent/Guardian Name (Please Print):      \_\_\_\_\_

Parent/Guardian Signature:      \_\_\_\_\_

Director's Name:      \_\_\_\_\_      Director's Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

My child requires the following dietary considerations. Please check (X) those that apply. Add any additional information that would help the festival host.

**Vegetarian** (Can eat dairy products)      \_\_\_\_\_

**Gluten-Free**      \_\_\_\_\_

**Vegan** (No dairy products)      \_\_\_\_\_

**Kosher**      \_\_\_\_\_

Food Allergies (Please be SPECIFIC when listing below. I.e., Nuts, Fish, Fruits, Peanuts):

1. \_\_\_\_\_      2. \_\_\_\_\_      3. \_\_\_\_\_

4. \_\_\_\_\_      5. \_\_\_\_\_      6. \_\_\_\_\_

Additional Information:      \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this form to the AKV Festival Host**

**Students/parents are required to fill out a NEW FORM, should any of the above information change prior to or during participation in AKV festivals.**