


Special Diet Exemption Card

1. Completely fill out all required information.
2. Cut out card around solid line.
3. Fold card at dotted line.

For best results, increase durability of card by having it laminated once finished.

 Special Diet Exemption Card Name _____ Address _____ City _____ State ____ Zip _____ Signature _____ Medical Condition _____ Physician's Name _____ Physician's Signature _____ Physician's Telephone _____ Issue Date _____ Expiration Date _____	Important Information The owner of this card is exempted by the Commissioner of Health from prohibitions on bringing food and drink into a public facility [MN Statute 145.867]. To be valid, this card must be completely filled out and be signed by the holder's physician. Issue date is the date completed and signed by the physicians. Expiration date is five years from issue date. Public facility means an auditorium, concert hall, sports stadium, sports arena or theater.
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CUT AROUND THE SOLID LINE

FOLD ALONG DOTTED LINE