



Eastgate Montessori Garden

ALLERGIES & DIETARY RESTRICTIONS

Child's Name _____ Today's Date _____

*This form is required. Please complete and return before your child's first day of school.
Allergy and Food Restriction information is posted in each classroom food preparation area.*

ALLERGIES

Please check all that apply and provide allergen details.

- My child has NO known allergies. My child has an EpiPen which I will be providing.*
- My child has the following allergies: My child has medication for allergic reaction which I will be providing.*
- * Please speak with staff to obtain additional required form.

ALLERGEN	REACTION & TREATMENT

DIETARY/FOOD RESTRICTION (Not Allergy Related)

We understand that some families request food restrictions for personal or religious reason. Please indicate any food restrictions you would like us to honor.

- My child has NO specific food restrictions. My child has the following food restrictions:

FOODS	DETAILS

Parents Signature _____ Date _____