

Allergies and Dietary Restrictions

Child's name _____

Date _____

- Does your child have any allergies? ___ Yes ___ No

| Allergy | Severity mild, medium, severe, epi-pen |
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- Does your child have any dietary restrictions?

- If your child has food allergies or dietary restrictions, we recommend you provide your child's snack.

___ I will provide snacks for my child.

- OR -

___ I decline to provide snack and relieve Coast Redwoods Montessori from all liability if my child mistakenly ingests above noted foods.

Parent's name _____

Parent's signature _____ Date _____