

# Maple Tree Montessori

## ALLERGY & DIETARY CONCERNS

**IMPORTANT: RETURN THIS FORM EVEN IF YOU HAVE NO ALLERGIES; PLEASE WRITE "NO" IN THE ANSWER. PLEASE PROVIDE AN ACTION PLAN IF MEDICATION MAY BE REQUIRED**

### **SPECIAL DIETARY CONCERNS?**

Please explain:

### **FOOD ALLERGIES?**

Please explain:

### **OTHER ALLERGIES?**

Please explain:

Child \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone# \_\_\_\_\_

(Please sign here)

Date \_\_\_\_\_