



Lakewood Montessori Christian School

EST. 1986

Allergy & Dietary Restriction Form

Child's Name: _____

Does your child have any known allergies to which Lakewood Montessori Christian School should be made aware of?

Yes _____ No _____

If so, please list the allergies: _____

Does your child require an Epi-Pen for their allergy?

Yes _____ No _____

Does your child have any dietary restrictions to which Lakewood Montessori Christian School should be made aware of?

Yes _____ No _____

If so, please list the dietary restrictions: _____

Please note, if your child has any known allergies, a completed Anaphylaxis form must be completed by the child's parent and physician before the child can start. If an Epi-Pen is required, it must come with the child on the first day of school. If we do not have the forms and the Epi-Pen, your child is not able to attend until we have all necessary documentation.

Parent Signature: _____

Date: _____