



Cougar Mountain Montessori

ALLERGIES & DIETARY RESTRICTIONS

Child's Name _____

This form must be completed and returned to the Cougar Mountain Montessori Office before your child's first day of school.

ALLERGIES

- My Child has NO Known Allergies
- My Child has the following Allergies or Food Restrictions:

ALLERGEN	REACTION & TREATMENT

DIETARY NEEDS

- My Child has NO Specific Food Restrictions
- My Child has the following Food Restrictions

FOODS	DETAILS

Parents Signature _____ Date _____