



## Learn And Play Montessori School Food Allergy Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Classroom: \_\_\_\_\_

The well-being and care of ALL children is our outmost priority and this will be possible with your help. The school provides an AM and PM snack at no additional cost. The school orders food from Costco and some foods such as crackers, bread, etc. may be manufactured in facilities where eggs and nuts are present. Please review the menus carefully each month and update the food allergy form accordingly. Snack menu is subject to change. Any changes made to the snack menu will be updated daily on the snack menu posted in the school's lobby area.

For Parents who chose to provide lunch from home, please remember that lunch will NOT be warmed. The lunch will be served as is. Please label all containers with your child's name and date. Please do NOT pack lunch items in glass containers.

Lunch sent from home should not contain **nuts, eggs, seeds, almond milk** (due to allergies) **grapes, cherries, hotdog, or popcorn** (choking hazard). Please note that although your child may not have allergies to the items listed above, a child sitting next to your child eating lunch may be severely allergic to these foods.

Snacks must be sent from home if your child has any of the following restrictions:

- If your child has any life-threatening allergies.
- If your child is vegetarian due to strict personal beliefs or otherwise.
- If your child is vegan.
- If your child is a picky eater.

Please indicate your child's snack option:

\_\_\_\_ Home snacks (If home snack is provided, school snack will NOT be provided)

\_\_\_\_ School snacks

Please indicate your child's lunch option:

\_\_\_\_ Vegetarian

\_\_\_\_ Non-Vegetarian

Please list below all foods and beverages that your child is allergic to (please note there will be no substitutions given):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Please describe your child's medical condition or allergy:

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Please describe the reaction your child is likely to have if she/he consumes or comes into contact with allergens or becomes ill:

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Explain in detail what teaching staff should do if this reaction occurs:

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Parent's Names: \_\_\_\_\_

Parent's Signatures \_\_\_\_\_

Date: \_\_\_\_\_