

# MIDWEST CHRISTIAN MONTESSORI ACADEMY

## Student Allergy and Sensitivity Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate if your child has **any** of the most common food allergies:

- |                                  |                                    |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Dairy   | <input type="checkbox"/> Sesame    |
| <input type="checkbox"/> Eggs    | <input type="checkbox"/> Soy       |
| <input type="checkbox"/> Gluten  | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Tree Nuts |

Please indicate **ALL other food allergies** the student should **not eat**:


Are there any cultural or religious or preferred food restrictions?

Yes  No

If yes, please indicate any food your child should not eat (i.e., pork products):

\_\_\_\_\_

Please list **all non-food allergies and sensitivities with reactions**:

Allergen:	Reaction:

**Additional Comments/Special instructions:**

\_\_\_\_\_  
\_\_\_\_\_