



Little Explorers Montessori School

Where the heart, mind, and spirit grow together

**Allergy and Special Health Considerations
2021-2022**

Child's Name

Child's Date of Birth

Parent/Guardian's Name

Parent/Guardian's Name

Phone #

Phone #

My child has allergies or Special Health Considerations: YES NO
If yes, please use form for detailed explanation.

My Child's Allergies or Health Considerations

My Child's Health Considerations

Parent Signature:

Date:

Head of School/Director I Signature

Date: