

Permission for Food-related Activities & Special Occasion food consumption

I _____ give/decline permission for my child to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

____ My child DOES NOT have food allergy or dietary restriction. They MAY participate in activities.

____ My child DOES NOT have food allergy or dietary restriction. They MAY NOT participate in activities.

____ My child DOES have food allergy or dietary restriction. They MAY participate in activities, but may not eat or handle the following items (please list below):

____ My child DOES have a food allergy or dietary restriction. They MAY NOT participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Child's Name)

(Parent or Guardian Signature)

(Date)