Food Experience Permission Form

I give permission for my child ________________________________ to participate in food related activities

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

___________________________________________________________________

_____ My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in food related activities

____________________  ______________________  __________________
Print Parent Name     Parent Signature     Date