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