

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 activities.

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

Parent Signature Date

C- 1050 Sample Form PCLB 12/13