



## 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)

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

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Print Parent Name

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Parent Signature

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Date