



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