

(This **FOOD PERMISSION FORM** is to be used for any **FOOD-RELATED CURRICULUM ACTIVITY** that will occur during regular school hours.)

REMOVE THIS LINE AND ABOVE INSTRUCTIONS. PRINT ON SCHOOL LETTERHEAD

LIFE-THREATENING ALLERGIES

(date)

Dear Parent(s)/Guardian(s),

On (day of the week), (date) our class will be having (indicate specific food/drink here) as part of a (lesson, field trip, etc.) for our curriculum focus on (insert lesson focus). There are a number of students with life-threatening allergies and significant dietary restrictions, which may preclude their use or consumption of certain foods or drinks. For this reason we are attaching an ingredient list for the consumables that will be presented. None of the foods/ drinks will be home-cooked; all will be commercially prepared. This will include prep food (ingredients) for cooking classes.

Please fill out the lower portion of this form and indicate whether your child can eat and/or physically handle the foods or drinks mentioned above and return it to me. **If you do not return this form your child will not be given the food or drink mentioned above.**

Thank you for helping us to keep your child safe at school.

Sincerely,

Teacher

-
- My child can fully participate in this activity, including eating the food/drink(s) indicated.
 - My child can be in the classroom but should not touch or ingest the food(s)/drink(s) mentioned. (Under "Comments" please indicate whether you will send an alternative).
 - My child should *not* be in the classroom during this activity.
 - Comments: _____
-

Child's Name _____

Parent's Name (printed) _____

Parent Signature _____