



## 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 hand 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