



## 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 activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date