



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 activities.

*Fill one out for each child. If your child DOES have an allergy we will also have you fill out a FARE (Food Allergy & Anaphylaxis Emergency Care Plan) Form.

Family Signature

Date