



## **Food Experience Permission Form**

I give my permission for my  
child \_\_\_\_\_ to participate  
in food related activities.

I do not give my 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 restrictions.

\_\_\_\_\_ My child does have a food allergy or dietary restriction. He/she  
may practice, but may not eat or handle the following items (please list below)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child does have food allergy or dietary restriction. He or she  
may not participate in activities.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date