

FOOD TASTING PERMISSION SLIP

TO THE PARENT OR LEGAL GUARDIAN

We are excited to offer activities that will educate your child about the benefits of eating fruit and vegetables as part of a healthy lifestyle. Activities will cover a range of curriculum outcomes. Some activities involve students taste testing fruit and vegetables. Some students may have allergies/intolerances to certain foods. We ask for your cooperation in completing the permission slip. If you have any enquiries about the program, please do not hesitate to contact the school or your child's teacher.

Sincerely,

Kindly read the details and return the completed permission slip and return to _____ by _____ .

I give permission for my child, _____ to participate in food-related activities, based on my selection below.

PLEASE SELECT 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 (list below):
- _____
- _____
- _____
- My child does have a food allergy or dietary restriction. He or she may not participate in activities.

GUARDIAN SIGNATURE

DATE