



## Allergy/Food Permission Form

I \_\_\_\_\_ give/decline permission for my child  
Parent/Guardian Name  
\_\_\_\_\_ to participate in food related activities and special  
Child's Name  
occasions wherein food is consumed.

\*\*\*\*\*

Please provide the following information: Please initial only 1 choice.

\_\_\_\_\_ My child **DOES NOT** have a food allergy or dietary restriction. He or she **MAY**  
participate in activities.

\_\_\_\_\_ My child **DOES NOT** have a food allergy or dietary restriction. He or she **MAY NOT**  
participate in activities.

\*\*\*\*\*

Please provide the following information: Please initial only 1 choice.

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He or she **MAY** participate  
in activities, but may not eat or handle the following item(s) listed below:

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

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He or she **MAY NOT**  
participate in activities.

\*\*\*\*\*

I understand that it is my responsibility to update this form in the event that my decision for permission changes or if my child is diagnosed with a new/different allergy. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date