

**MISSISSIPPI COUNTY, ARKANSAS E.O.C.  
EARLY CHILDHOOD EDUCATION DEPARTMENT**

**Permission for Table Food Feeding**

My child, \_\_\_\_\_, does not eat jar baby food, and  
therefore has my permission to be fed age appropriate table food.

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

\_\_\_\_\_  
Date

*To be completed by Teacher  
One copy to kitchen  
One copy to Health Specialist  
Original in child's folder*