



Class Party Food Permission Form

Teacher: _____

Class party: _____

(date)

In consideration of students with known food allergies, the nutritional information and brand of the food(s) that will be provided at the class party is attached. **Please review the information to assure that your child is not allergic to any of the ingredients.**

Questions? Please contact me at _____.

Student Name: _____

Please check one of the following:

_____ Yes, I've reviewed the ingredient list and my child may have all of the food/drinks that will be provided.

_____ My child cannot have the following items due to a food allergy: _____

_____ No, my child cannot have any of the food that will be provided, but I will provide an alternative snack: _____.

Parent signature _____

Please return this permission form to your child's teacher by _____.

Thank you!