

Food Allergy - Event Permission Slip

Parents/Guardians: Please Complete, Sign & Return to teacher

Teacher: _____ Grade: _____

Event: _____ Date: _____

The following menu is planned: _____

Please Choose Option A or Option B

Option A: _____ This menu is acceptable for my child.

Please list both:

Items on the menu my child may touch/eat: _____

Items on the menu my child may **not** touch/eat: _____

-----**OR**-----

Option B: _____ I have a serious concern about the presence of the following food items.

Please remove the following item(S) from the menu: _____

Parent/Guardian Signature: _____ Date _____