

Permission Form for Classroom Celebrations

Event Celebrated _____

Date of Celebration _____

Classroom/Teacher involved _____

Food to be provided _____

Please check one or more of the following boxes:

I give my child _____
permission to participate in this celebration.

My child _____ **MAY**
participate in any food related event in the classroom **for the remainder of the**
school year.

My child _____ **MAY NOT**
participate in this food event as planned.
Please contact me at _____ to discuss alternative
foods.

Parent Signature _____ **Date** _____

This form must be returned by _____
If this form is not returned to school, your child will not be able to participate in this
classroom celebration/curriculum related food activity.