

**Permission Form for Curriculum Event  
Grades 5-8**

Event \_\_\_\_\_

Date of Event \_\_\_\_\_

Classroom/Teacher involved \_\_\_\_\_

Food to be provided (List specific brand, flavor, etc. Photocopy of ingredient list encouraged)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check one or more of the following boxes:

I give my child \_\_\_\_\_ permission to participate in this lesson.

My child \_\_\_\_\_ MAY participate in any food related event in the classroom for the remainder of the school year. Please note: if your child has an EpiPen for a food allergy, the teacher will send home a permission slip for every curriculum related food lesson.

My child \_\_\_\_\_ MAY NOT participate in this food event as planned.

Please contact me at \_\_\_\_\_ to discuss alternative foods.

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