

Food in Class Permission Slip

We may provide food/snacks in class to children in the RE program. Please confirm below whether or not you are okay with your child(ren) receiving food/snacks by putting your initials on the corresponding line.

My child(ren) may receive food/snacks from the RE program: _____

My child(ren) may *not* receive food/snacks from the RE program: _____

Child 1 Name: _____

Child 2 Name: _____

Child 3 Name: _____

Child 4 Name: _____

Please list any food allergies or dietary restrictions below for your child(ren), regardless of whether they will be consuming them.

Food allergies or diet restrictions (please specify which child(ren) and the severity):

Parent/Guardian Name: _____

Signature: _____ Date: _____