



## FOOD EXPERIENCE PERMISSION FORM

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction.

He or she may participate, but may not eat the items listed on my child's care form on file with Anona Child Development Center.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction.

He or she may NOT participate and may not eat or handle the items listed on my child's care form on file with the Anona Child Development Center.

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

\_\_\_\_\_  
Date