

The Bexley Montessori School at Land O` Lakes



Permission for Food Consumption and Participation

I, _____ give/decline permission for my child _____
Print Parent/Guardian Name Print Child Name

to participate in food related activities and events wherein food is consumed and handled e.g. daily snacks, birthday celebrations, holiday parties, cooking activities, etc.

Please initial one of the following statements:

_____ My child **DOES NOT** have any food allergies and/or dietary restrictions. He/She **MAY** participate in food activities & special occasions wherein food is consumed and handled.

_____ My child **DOES NOT** have any food allergies and/or dietary restrictions. He/She **MAY NOT** participate in food activities & special occasions wherein food is consumed and handled.

_____ My child **DOES** have food allergies and/or dietary restrictions. He/She **MAY** participate in food activities & special occasions wherein food is consumed and handled, but **MAY NOT** consume or handle the following items (please lists specific allergies and/or dietary restrictions).

_____ My child **DOES** have food allergies and/or dietary restrictions. He/She **MAY NOT** participate in food activities & special occasions wherein food is consumed and handled.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that his form will remain in effect during the term of my child's enrollment at **The Bexley Montessori School at Land O` Lakes**.

Parent/Guardian Signature

Date