

A Readiness Learning Academy

Permission for Food Related Activities & Special Occasion food consumption

Child's Full Name:	Date of Birth:
parents/guardians regarding a child	C., licensed child care facilities must obtain written permission from d's participation in food related activities. These activities include projects, gardening, school wide celebrations and birthdays.
(Parent or Guardian)	give/decline permission for my child(Child's Name)
	ties and special occasions wherein food is consumed.
Please provide the following informa	ation:
My child DOES NOT have a for activities.	od allergy or dietary restriction. He or she may participate in
My child DOES NOT have a foo	od allergy or dietary restriction. He or she <u>may not</u> participate in
My child DOES have a food a but may not eat or handle the follow	illergy or dietary restriction. He or she may participate in activities, wing items (please list below):
My child DOES have a food all activities.	lergy or dietary restriction. He or she may not participate in
•	ity to update this form in the event that my decision for permission remain in effect during the term of my child's enrollment.
(Parent or Guardian)	(Date)