



## 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 or handle the following items (please list below)

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\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Our preschool follows the USDA recommended food guide [www.Choosemyplate.gov](http://www.Choosemyplate.gov). Your child will be served an appropriate amount of protein, vegetables, dairy & grains with each meal or snack. Your child's age determines how much the USDA recommends of each serving. We feel it is important to create settings where healthy choices are available at a young age.

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Parent Signature

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Date