ST. JOHNS COUNTY SCHOOL DISTRICT FOOD ACTIVITY PERMISSION REQUEST

To support student safety and accommodate dietary restrictions, families will be notified in advance when food/treats will be provided for any classroom event, celebration, curriculum activity, or reward involving food. Please review the information below and indicate your child's participation preference.

Teacher/Classroom: _____

Event/Activity: _____ **Date of Event:** _____

FOOD/TREATS TO BE PROVIDED

List all store-bought food and beverage items to be served, including brand names (i.e., Pepperidge Farm Goldfish Crackers, Papa Johns Cheese Pizza, Capri Sun Juice Pouch, etc.)

Food/Snack options	Food/Snack options

PARENT/GUARDIAN PERMISSION

Student Name: _____

☐ **YES** – I give permission for my child to consume all food and/or beverages listed above.

☐ **NO** – I do not give permission for my child to consume the food and/or beverages listed above. I understand that I am responsible for providing an approved alternate snack, beverage, or treat for my child.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ **Date:** _____

Teacher Acknowledgement Signature: _____ **Date:** _____

Please return this completed form to the teacher by: _____