



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)

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

Student Lunches

Skycrest Christian School will provide every family Healthy Eating for Preschoolers pamphlet from the U.S Department of Agriculture. Please follow these guidelines when feeding your child at home and when you are sending your child's lunch to school.

If Food is Supposed to be kept cold, parents must include ice packs to keep food cold.

Parent Signature

Date

12/12/23