

Each food and nutrition student is **REQUIRED** to have a parent / guardian indicate any and all student allergies to food, additives or soap that may be used in the lab **AND/OR** any special dietary requirements (like food intolerances - lactose, gluten, diabetes, special religious or cultural customs surrounding food, vegetarianism etc.)



Food labs **DO NOT** start until all forms are returned so the teacher can assess the food needs ahead of time for the **safety of all students.**

Please fill out completely and sign below. Return the form with your child so they can participate in the food labs.

STUDENT NAME: _____

STUDENT GRADE: _____

HOMEROOM TEACHER: _____

Allergies: (circle) YES NO

Please specify if YES: _____

Special dietary requirement: (circle) YES NO

Please specify if YES: _____

Other comments, concerns or questions: _____

parent/guardian signature