

Saint Gabriel Preschool  
Permission for Food-related Activities &  
Special Occasion Food Consumption

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian)      (circle one)      (Child's Name)

to participate in food related activities and special occasions wherein food is consumed provided by a third-party source.

Please provide the following information (check one):

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

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

My child DOES have a food allergy or dietary restriction. He or she may participate in activities, 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. List food allergies, if applicable.

\_\_\_\_\_  
\_\_\_\_\_

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date