

CURRICULUM RELATED FOOD ACTIVITY

Dear Parents,

[INCLUDE NOTE ABOUT THE NATURE OF THE ACTIVITY]

After reading the list of ingredients, kindly indicate your choice below and return your signed form by no later than _____.

Sincerely,

ALL PRODUCT & MANUFACTURER:

Student Name _____

Please choose **one** option below:

_____ My child **MAY** eat the food provided.

_____ My child **MAY NOT** eat the food provided.

_____ My child **may eat some** of the food provided (please list below).

He/she **MAY** have _____.

He/she **MAY NOT** have _____.

Parent/Guardian Signature _____ Date _____