

# COMMUNITY CHRISTIAN ACADEMY



# KINGS

## FOOD EXPERIENCE PERMISSION FORM

I give permission for my child \_\_\_\_\_ to participate in food related activities at Community Christian Academy during this school year.

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 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 food activities unless authorized by parent for each occasion.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date