

FOOD NOTIFICATION

Dear Parents/Guardians:

We are planning an instructional activity in our classroom on:

Subject area:

Food(s) served:

.....
.....

Student Name: _____

PLEASE RETURN THIS SIGNED FORM BACK TO SCHOOL.

☐ Yes, my child can participate.

☐ No, my child cannot participate.

Parent/Guardian signature: _____

Daytime phone: _____

Teacher's Name: _____ Room _____