

Cranbury School District

Food Permission Slip

PLEASE PRINT

Child's Name: _____ Grade: _____

Teacher: _____

Date of Food Event: _____

Time of Food Event: _____

Reason for Food Event: _____

Place of Food Event: _____

LIST OF FOODS TO BE SERVED

My child may eat the following foods. Initial all that apply:

_____ 1.

_____ 2.

_____ 3.

_____ 4.

_____ 5.

OR

_____ My child may only eat a safe snack that I will provide from home:
(Name of snack: _____)

Parent Signature: _____

Print Parent Name: _____

Date Signed: _____

PLEASE RETURN THIS FORM BY _____