



MANHASSET PUBLIC SCHOOLS

Excellence Through Effort

Office for Student Services

Consent to Allow Specific Food Consumption

Student's Name: _____

Student's DOB: _____

Student's School: _____

Classroom Teacher: _____

Student's Allerg(ies) _____

Consent for Specific Food Consumption

I have reviewed the food item(s) and ingredients provided for the event scheduled for the below date, and confirm that none of the food item(s) include any ingredient to which my child has a known allergy, or that may otherwise cause an adverse reaction. As such, I consent to having my child consume the below specified food item(s) as part of the in-class celebration/food based curricular activity taking place on:

Date of in-class event

Print Parent/Guardian Name

Signature of Parent/Guardian

Date

Specific Food(s) Allowed:

I understand that this consent is only valid for the above noted date and food item(s). I also understand that if the food item presented on the day of the event is different from that to which I consented the food item may be withheld from my child by the teacher and/or nurse who will make the final determination.