Date: [Insert Date]

**Food Tasting Permission Form**

Teacher:

Class:

Dear Parents,

We will have a food tasting event on the [DATE] in the school canteen. In consideration of students with known food allergies here is a list of the foods and their ingredients that we will be tasting:

|  |  |
| --- | --- |
| Food One: |  |
| Ingredients |  |
| Food Two: |  |
| Ingredients |  |
| Food Three: |  |
| Ingredients |  |
| Food Four: |  |
| Ingredients |  |

I do consent to have my child consume the foods above

I do not consent to have my child consume the foods above

Parent signature

Sincerely,

Teacher: