



The Wesley Chapel  
Montessori School  
At Lexington Oaks

## Permission for Food Consumption and Participation

I, \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
Print Parent/Guardian Name Print Child Name

to participate in food related activities and events wherein food is consumed and handled e.g. daily snacks, birthday celebrations, holiday parties, cooking activities, etc.

### Please initial one of the following statements:

\_\_\_\_\_ My child **DOES NOT** have any food allergies and/or dietary restrictions. He/She **MAY** participate in food activities & special occasions wherein food is consumed and handled.

\_\_\_\_\_ My child **DOES NOT** have any food allergies and/or dietary restrictions. He/She **MAY NOT** participate in food activities & special occasions wherein food is consumed and handled.

\_\_\_\_\_ My child **DOES** have food allergies and/or dietary restrictions. He/She **MAY** participate in food activities & special occasions wherein food is consumed and handled, but **MAY NOT** consume or handle the following items (please lists specific allergies and/or dietary restrictions).

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\_\_\_\_\_ My child **DOES** have food allergies and/or dietary restrictions. He/She **MAY NOT** participate in food activities & special occasions wherein food is consumed and handled.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that his form will remain in effect during the term of my child's enrollment at The Wesley Chapel Montessori School at Lexington Oaks.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date