**Food Restrictions Form**

***This page needs to be returned to Mrs. Bizzell no later than August 5, 2016.***

**Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class Period**: \_\_\_\_\_\_\_\_\_\_

Parents and/or Guardians,

Due to the number of students being diagnosed with food allergies and dietary restrictions, our school policy now requires parental permission in order to give treats. I occasionally like to provide edible rewards such as candy, sodas, donuts, cookies, or other baked goods. Please indicate if your child has permission to receive these types of rewards.

\_\_\_\_\_\_\_\_\_\_ My child ***MAY*** receive edible rewards/treats.

\_\_\_\_\_\_\_\_\_\_ The **only** item(s) my child may ***NOT*** receive is(are): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_ My child is ***NOT*** to receive any edible rewards.

\*\*Please list any special circumstances here:

Please know that I fully understand food allergies and dietary restrictions, as I also struggle with this on a daily basis. I want each student in my class to feel included in rewards in the best possible way, which is why I am taking this form so seriously. Thank you for your understanding!

Parent Email (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_