School – Tasting/Cooking Program: PERMISSION SLIP

Dear Parents and Guardians:

On (DATE) _____ , your child will participate in an in-school cooking/tasting program led by (insert educator name) _____. The goal of this session is to give students the opportunity to engage in hands-on learning related to food and nutrition, and activities may involve tasting different ingredients and recipes.

Your child's safety is our top priority, so we want to make sure we know about students' allergies prior to this program. With regard to COVID-19, practices during this program will align with the BCPSS Health & Safety Procedures

Please complete the below permission slip and return to your child's teacher.

SCHOOL **TASTING/COOKING PROGRAM** PERMISSION SLIP

I am (CHILD'S NAME) _____'s parent or legal guardian and my child has my permission to participate in a tasting/cooking program.

List ALL food allergies: _____
What is the allergic reaction? _____
My child has a prescribed epi-pen for a food allergy: _____ YES _____ NO

Emergency Contact Information: Name: _____Phone:_____

I have fully read this permission slip. I have explained to my child that while participating in the above-described activity/program, my child must adhere to the Baltimore City Board of School Commissioners' policies, the Chief Executive Officer's administrative regulations, and the Student Code of Conduct. I fully understand and have explained to my child that failure to follow policies, regulations, and the Code of Conduct may result in disciplinary action, including the possibility of being sent home at my expense.

Parent/Guardian Name: _____ Signature _____ Date: _____