



Allergy/Food Permission Form

I _____ give permission for my child _____
Parent/Guardian Name Child's Name

to participate in **Allergy Conscious Cooking Class on Monday, June 12, 2023.**

I understand that there is potential to cross-contamination as the food will be prepared on shared equipment and preparation areas.

I confirm that my child listed above does not have allergies to the following list of ingredients:

Dijon Mustard		Pepper
Garbanzo Beans		Red Wine Vinegar
Garlic	Salt	Shallot
Kalamata Olives		Tomato paste
Olive Oil		Tomatoes
Oregano		Zucchini

Parent Signature

Date