

**FOOD IN THE CLASSROOM
PARENT NOTIFICATION AND APPROVAL FORM**

TEACHER: _____ **GRADE LEVEL:** _____

SUBJECT: _____ **DATE OF LESSON:** _____

***This form needs to be completed each time food is being utilized in a classroom lesson and/or a celebration.**

I HAVE REVIEWED THE ACCEPTABLE FOOD LIST (A List) @ <http://www.johnstalkerinstitute.org/alist> OR MassNETS @ <http://www.johnstalkerinstitute.org/alist/MassNETS.php> AND THE FOOD IN QUESTION IS ON THE LIST.

YES **NO**

ARE THERE ANY STUDENTS IN THE CLASS THAT HAVE ALLERGIES?

YES **WHAT IS THE ALLERGEN(S)?** _____ **NO**

I HAVE DISCUSSED THE ALLERGY WITH THE NURSE AND REVIEWED THE STUDENT'S INDIVIDUAL HEALTH CARE PLAN:

YES **NO**

What is the lesson/celebration and the student objectives of this lesson?

Why is it essential to this lesson/celebration that a non-food alternative is not being utilized?

How will children with food-related issues be safeguarded before, during and after this activity?

How will the classroom be prepared for the safe return to regular classroom learning?

ADDITIONAL TEACHER RESPONSIBILITIES:

- Notify parent/guardian seven days in advance of the lesson.
- Provide access to all food labels to parent/guardian to ensure the products used are safe.
- Give the parent/guardian the opportunity to provide an alternative for the child or class.

Teacher Signature

Date

This lesson has been approved by the nurse:

Nurse Signature

Date

This lesson has been approved by the principal:

Principal Signature

Date

This lesson has been approved by the parent/guardian: (if applicable)

Parent Signature

Date