

# School Lunch Taste Test Consent Form

## Student Information

Student Name

Grade

Teacher

## Parent/Guardian Information

Parent/Guardian Name

Contact Information

## Consent Agreement

I give permission for my child to participate in the school lunch taste test. I understand that my child will have the opportunity to try food items that may be included on future school lunch menus. I have informed the school of any food allergies or dietary restrictions below.

Food Allergies/Dietary Restrictions

☐ I agree to allow my child to participate in the School Lunch Taste Test.

Parent/Guardian Signature

Date