

Nut-Free School Event Permission Slip

Student Name:

Grade/Class:

Event Name:

Event Date:

Location:

Nutritional Policy

This is a nut-free event. Please do not send any foods containing peanuts or tree nuts with your child. Thank you for helping us keep all students safe.

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I have read and understand the nut-free policy.

Emergency Contact Name:

Emergency Contact Phone:

Allergies or Medical Concerns:

Parent/Guardian Signature:

Date: