

# Children's Food Product Sampling Parental Consent Form

## Child Participant Information

Child's Full Name

Date of Birth

## Parent/Guardian Information

Parent/Guardian Full Name

Phone Number

Email Address

## Allergy & Health Information

Please list any food allergies or dietary restrictions

Other relevant medical information

## Consent

☐ I give consent for my child to participate in the food product sampling.

Parent/Guardian Signature

Date