

Parent Consent Form

School Cooking/Baking Activities

Student Name:

Class / Grade:

Teacher's Name:

Date:

I, the parent/guardian of the above-named student, give permission for my child to participate in school cooking/baking activities. I acknowledge awareness of the following:

- My child may handle and consume food prepared at school.
- I will inform the teacher of any allergies, dietary restrictions, or health conditions.
- I understand appropriate supervision will be provided.

☐ I give consent for my child to participate.

☐ I do not give consent for my child to participate.

Please list any allergies or dietary restrictions:

Emergency Contact Number:

Parent/Guardian Name:

Signature:

Date: