

# Cafeteria Food Waiver

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

For your child's health and safety it is preferred that all students with food allergies bring their lunch from home.

Cross contamination is always a possibility. In addition to that, many food labels read 'made in a facility' with the allergen in question and/or food that 'may contain' the allergen in question.

**If you choose to allow your child to purchase food from the cafeteria please be aware that your child is responsible for knowing what they can and can't have.**

Your child will not be allowed to consume food with a label that specifically states their allergen in the ingredients. However, staff is not responsible for determining what food your child can consume if it has a label that reads 'may contain' the allergen or 'made in a facility' with the allergen.

**Please sign below and return this waiver to your building's health office if you would like your child to be able to purchase food from the cafeteria.**

**If you prefer that your child only consume food sent in from home you may disregard this form.**

I \_\_\_\_\_ give my child \_\_\_\_\_ permission to purchase/consume food from the school cafeteria. I understand that it is my child's responsibility to know what they can safely consume.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**This document is valid for the current school year only. A new waiver must be completed each school year.**