

Cafeteria Permission Slip

Is _____ permitted to place a cafeteria order in addition to or
(your child's name)
in place of what you have recorded on the weekly order form?

YES

NO

Does your child have a food allergy we should know about?

YES

NO

If yes, what type of allergy is it? (If there is any other information you feel we should have please pass it along.)

parent/guardian's signature

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