

**MARLBOROUGH PUBIC SCHOOLS
FOOD IN THE CLASSROOM CONSENT FORM**

Your child's class will be using food(s) as part of the curriculum on _____.
date(s)

Please return the signed permission form by _____ if you want your child to participate.
(date)

I, _____ hereby consent to participation by my child,
(parent/guardian name)

_____ to participate in _____ class.
(child's name) *(teacher's name)*

The following food(s) will be _____ consumed or _____ used by the students.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature of Parent/Guardian)

(Date)