

ALEXANDER HAMILTON SCHOOL

FOOD PERMISSION SLIP  
2011-2012

Date: \_\_\_\_\_

Event: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

My child is allowed to have:

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\_\_\_\_\_ I will provide food from home.

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Parent Signature

Date

Please note: Your child will not be served any food on this day unless you indicate to us that it is safe.