



Leaders in Learning
Lincolnshire – Prairie View School District 103

**REQUEST FOR EVENT INVOLVING FOOD:
CURRICULUM-RELATED / PTO-SPONSORED/
ALL SCHOOL AND/OR GRADE LEVEL**

This form is to be completed and submitted to the building principal for approval at least one week prior to the event date. *Once approval is awarded, a permission slip to participate in the event will be distributed to students with allergies, in coordination with the school nurse.* Please attach a copy of the proposed permission slip as well as the information for the newsletter or the actual event flyer to this form.

NAME OF EVENT:	
DATE OF EVENT:	
LOCATION OF EVENT:	
EVENT COORDINATOR:	
POPULATION INVOLVED IN EVENT:	
SPECIFIC FOOD ITEMS AT EVENT: (Please list.)	

As event coordinator, I will ensure that...

- Allergen-safe foods will be substituted whenever possible.
- All parents will be informed of activities in advance through newsletters or flyers.
- Parents of children with allergies will be required to sign a permission slip, indicating their child's level of participation. I have attached the permission slip as well as the information for the newsletter or actual event flyer to this form.
- Ingredient lists must be provided.
- Precaution/procedures must be followed for students with life-threatening allergies.
- Administrative approval and consultation with the nurse are required.

Event Coordinator Signature:		Date:	
Administrator Approval:		Date:	

Cc: School Nurse: Marissa Pastori (DW), Health Office (HD), or Cassie Horvath (SP)



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Date:

Dear Parents/Guardians,

Your child’s class/grade level will be participating in an event in which food will be available for children to sample. Some of the food may be homemade, brought in by volunteers, or store bought. Listed below are the food items and ingredients that will be served. Please review and determine your child’s level of participation. If your child is unable to consume these food items, you are welcome to provide an alternate sampling. Contact your child’s teacher for more information.

ACTIVITY/EVENT:	
DATE OF ACTIVITY/EVENT:	
ITEMS TO BE OFFERED FOR CONSUMPTION:	

Please complete the bottom portion of this form and return it to your child’s classroom teacher at least 2 days prior to the scheduled event/activity.

Thank you in advance for your cooperation in keeping all children safe at school!

Cassie Horvath, Sprague School Nurse Health Office, Half Day School Nurse
Marissa Pastori, Daniel Wright Junior High School Nurse

Child Name:		Teacher:	
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- YES, my child CAN participate in this event/activity without dietary restrictions.
- NO, my child CANNOT participate in this event/activity. I will provide an alternate menu item.

Parent Signature:	
Date:	