

**General John Nixon Elementary School
Classroom Celebrations and Craft Projects Involving Food**

Approval Form

Date: _____

Event Name:

Date of Celebration or Craft:

Teacher:

Room Parent or PTO Contact:

Telephone #:

E-mail:

Any known allergies in this classroom? * Y or N

Have parents of children with allergies been contacted by teacher about this event? Y or N

Please list the food items to be served or used for craft projects at this event:

*** Please Note: In a designated allergy classroom, all food items must be inspected as well as approved by the school nurse prior to the event.**

The teacher must submit this completed form to the School Nurse at least 2 days prior to the celebration or project date.

Teacher Signature _____

Room Parent Signature _____

School Nurse Approval/Date _____