**2018**



**ALTERNATE FOOD CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the parent/guardian of the following children,

|  |  |
| --- | --- |
| **Child 1:** |  |
| **Child 2:** |  |
| **Child 3:** |  |
| **Child 4:** |  |

give permission for my child/ren to eat the following list of foods that may be provided by my Educator whilst in care :

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| --- | --- |
| **Educator’s Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian:** |  | | |
| **Signature:** |  | **Date:** |  |