

JOSIAH HAYNES ELEMENTARY SCHOOL

Classroom Celebrations and Craft Projects Involving Food Form

Date: _____

Event Name: _____

Date of Celebration or Craft: _____

Teacher: _____

Any known allergies in the classroom? Yes or No

If Yes, please list: _____

Have parents of children with allergies been contacted about this event?

Yes or No

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

Please submit this form to the School Nurse at least 7 days prior to the celebrations or project date. Thanks !!

Person Completing Form Signature _____

School Nurse Signature/Date _____