

## EARLY CHILDHOOD PROGRAM Form 16. PERMISSION TO SERVE FRUITS & VEGETABLES FORM

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

\_\_\_\_\_ I <u>give permission</u> for WCCC teachers to serve fruits and vegetables to my child. Though my child has diagnosed food allergies, they are not allergic to fruits or vegetables at this time.

Parent/Guardian Signature \_\_\_\_\_\_\_

Date \_\_\_\_\_