

**Town of Trumbull  
Department of Nursing**

School \_\_\_\_\_

**CELEBRATION FORM Pre-K-8**

<ul style="list-style-type: none"> <li>• <b>NO</b> peanut or tree nut products will be served at celebrations</li> </ul>	<ul style="list-style-type: none"> <li>• Under no circumstances will school staff attempt to determine the safety of any food for any student.</li> </ul>
<ul style="list-style-type: none"> <li>• It is requested that store bought foods with ingredient labels be served. All ingredients listed including those used in preparation process.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>No substitutions may be made to the list of foods to be served.</b></li> </ul>

**TEACHER** please complete all sections on this form

Teacher:	List of known allergens for participants in this event:
Celebration Date:	
Location of Celebration:	
Curriculum Connection to Celebration:	Verified by Nurse (Initial):

**Please complete this section in consultation with the Parent Coordinators**

Parent Coordinator:	<b>List of Foods to be Served</b>
Email:	
Parent Coordinator:	
Email:	
<ul style="list-style-type: none"> <li>• Parent coordinators are responsible for collecting &amp; providing *ingredient labels for food to be served. Labels will be provided to the teacher at least 1 week in advance of the party or _____ weeks per teacher request.</li> </ul>	
<ul style="list-style-type: none"> <li>• Please attach legible copies of all ingredient labels to this form.</li> <li>• <b>No substitutions may be made to this list.</b></li> </ul>	

\*Ingredients and manufacturing processes often change without notice. Ingredient Labels should be from the packages of the foods that will actually be served the day of the celebration.

**Parent Permission**

- Parent/guardian of each student with known food allergies have been given:
- A completed copy of this form
  - Copies of ingredient labels for foods to be served
  - A Food Celebration Permission Slip to be completed by parent and returned to teacher at least 2 days in advance of the party or \_\_\_\_\_ days per teacher request.
- Each parent of a student with known food allergies has completed a Food Celebration Permission Slip
- EITHER
- Giving written permission for their student to consume the food(s) listed above
- OR
- Will provide alternative food items for their student's consumption during the celebration

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Form Reviewed by Nurse: \_\_\_\_\_ Date \_\_\_\_\_

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**FOOD CELEBRATION PERMISSION SLIP  
for STUDENTS with KNOWN FOOD ALLERGIES**

TEACHER please complete this section

Teacher	Grade	Date of Celebration
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Name of Student
List of known Food Allergens for this student

PARENT/GUARDIAN please complete this section

Please check and fill in the options below that apply to your student:

<input type="checkbox"/> I give my permission for _____ <small>STUDENT'S NAME</small> to eat the following foods: List specific foods from the <i>Celebration Form</i> that your child may eat during the celebration.
<input type="checkbox"/> I <u>do not</u> give permission for _____ <small>STUDENT'S NAME</small> to eat the food listed on the <i>Celebration Form</i> for this event.
<input type="checkbox"/> I will send a safe snack(s) from home for _____ <small>STUDENT'S NAME</small> to eat at this event.

I have received and reviewed the Celebration Form and the food ingredient labels for this event  Yes  No

Signature of Parent/Guardian _____	Date _____
Signature of Teacher _____	Date _____
Form Reviewed by Nurse: _____	Date _____