FOOD RESTRICTIONS

This table to be filled out by the NEA visiting the classroom or group.
NEA name:
Date:
Agency/School Name:
Group Leader/Teacher Name:

Use with all CNEP audiences.

Dear Teacher or Group Leader:

Thank you for including CNEP in your classroom or group activities. We believe that healthy nutrition habits from the start will lead to better life long health for our participants.

We plan to let participants taste healthy foods. We need your help to make sure that the foods we offer are permitted for your students. **Please fill out the form below for food restrictions of any kind**, whether for food allergy, medical, religious, or any other reasons. Thank you in advance for your assistance.

If you are unable or unwilling to complete this form, we will be unable to provide food tastings for your group.

Food Restrictions due to food allergy, medical, religious, or any other reasons
List Food(s) Restricted

Teacher or Group Leader's Signature:

Date / /

NEA's: Please file this form as instructed by your Area CNEP Coordinator.