



Birthday Celebration Permission Slip

Date: _____

Dear Parent/Guardian,

Our class will celebrate _____ (student's name) birthday on _____ (date) with **prepackaged, store-bought treats**. To ensure the safety and well-being of all students—especially those with food allergies or dietary restrictions- we require your permission for your child to participate in these events.

Please complete the information below and return it.

Teacher Name: _____

Student Name: _____ Grade: _____

Parent/Guardian Consent

Please check on of the following:

_____ **YES**, my child **has permission** to participate in birthday celebrations at school.

_____ **NO**, my child **is not permitted** to participate in birthday celebrations at school.

Food Allergies or Dietary Restrictions

Please list any **known food allergies or dietary restrictions** your child has (e.g., peanuts, dairy, gluten, etc):

Emergency Contact Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____