

**WESTPORT COMMUNITY SCHOOLS**  
**Food Approval Form**

(MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO EVENT)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Classroom: \_\_\_\_\_

Description and Purpose of the food in the classroom (Attach more information, if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) for Food Use: \_\_\_\_\_

LTA in Class? : \_\_\_\_\_

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse must check ingredient label when item arrives     Yes     No

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**~~~ ONLY COMMERCIAL PREPARED FOOD WITH INGREDIENTS LISTED ~~~**

Description of Food and Brand to be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_