

# NSE Birthday Treat Snack Approval

Please complete this form in order to receive approval:

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Date of Snack (form must be turned into the teacher **48 hours before** requested snack date):

\_\_\_\_\_

Item to be **purchased** by parent:

(\*\*must be **store bought/ingredients listed, nut free, and from a nut free facility**)

\_\_\_\_\_

Parent Contact Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## ***For Teacher Use Only:***

Teacher has checked for allergies in classroom: \_\_\_\_\_

\_\_\_\_\_ # of snacks needed \_\_\_\_\_ # of alternative snacks needed

\_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied/Reason \_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

## NSE Birthday Treat Snack Alternative

**According to our records, we show that your child has a food allergy. In the event of a classroom birthday snack we want to be sure to accommodate your child's needs. Please complete the information below and return to your child's teacher so that we will have it on record.**

Please complete the information below:

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

My child requires an alternative snack due to his/her allergy to:

\_\_\_\_\_

- I give permission for my child to have an alternate birthday snack (i.e. pretzels, goldfish, or fruit).
- I will provide my child with an alternate snack.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date