

## **JEFFERSON TOWNSHIP PUBLIC SCHOOLS**

### **Parent Agreement for Student with Life-Threatening Food Allergies**

I, the parent of \_\_\_\_\_, request that my Child is allowed to purchase lunch/meal in school. I will be responsible for checking the ingredients with the food services directly of each lunch/meal item my child is buying.

I am aware that the food vendor and menu may change at any time. It will be my responsibility to check the ingredients with food services each day that my child wants to buy a meal. I realize that I will provide a substitute lunch for my child when needed.

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Parent/Guardian Signature

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Date