



## Torey J. Sabatini Elementary School

### Permission Slip for Classroom Party Treats\*\*

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I give permission for my child to eat the following party treat that will be served in the classroom.

Child's Name: \_\_\_\_\_

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

Date of Party: \_\_\_\_\_

Treat to be Eaten: \_\_\_\_\_

\*\*Must be completed by parents/guardians of students with food allergies and returned to your child's teacher prior to the party day. Your child **will not** be able to eat the treat unless this form is completed, signed, and returned to their classroom teacher..