ALLERGEN DECLARATION FORM

In class, we will be evaluating the appearance, texture, taste, and smell of foods for astronauts in space. If you would like your child to participate in the tasting portion of the activity, please disclose any food allergies your child has.

Participant name: ________________________________

Emergency contact name: __________________________

Emergency contact number: _________________________

Participant’s food allergies: (if none, write “none”)

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian signature: ____________________________

Date signed: __________________________

Participant signature: ________________________________

Date signed: __________________________