



# CLOSE ENCOUNTERS OF THE TASTY KIND



## 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")

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

Parent/Guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_