



SPACE JAM! AN ASTRONAUT LUNCH



ALLERGEN DECLARATION FORM

In class, we will be providing ingredients for participants to make their own “space lunch” on _____ (date). Please disclose any food allergies your child has. If you do not wish for your child to participate, please provide lunch for this day.

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: _____