



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: _____