



# PARENT/ GUARDIAN PERMISSION

Dear Parents/Guardians,

We are excited to have your child participate in Food Explorers—a five-session course to inspire young people to make smarter decisions about what they eat.

Dates: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Children will be cooking and eating a wide-range of healthy food at each Food Explorers session. Please list below any known allergies your child has:

---

---

---

---

---

- I GIVE PERMISSION for my child to participate in the five-session Food Explorers course—which involves chopping, preparing, cooking, and eating healthy food.
- I HAVE INFORMED The Greater Richmond Coalition for Healthy Children of any known allergies my child has, and GIVE PERMISSION for my child to eat any other food not listed as an allergen.

*Occasionally, The Greater Richmond Coalition for Healthy Children and Fit4Kids will use photos of program participants in promotional materials. Photos on any of these materials would not identify children by name.*

- I GIVE PERMISSION for my child's image to be used on the Fit4Kids and Coalition website and in other promotional materials.

FOR ANY QUESTIONS, PLEASE CONTACT:  
Bethany Brady Spalding  
The Greater Richmond Coalition for Healthy Children  
224.612.1040  
Bethany@grfit4kids.org

Child's Name:

---

Parent/Guardian Signature:

---