

## **HUDSON ROAD FRUIT AND VEGETABLE SNACK PROGRAM**

Please read the attached brochure and fill in the following if you agree with your child taking part in the fruit and vegetable snack program. Return this form to your teacher as soon as possible.

I gave permission for my child \_\_\_\_\_ to take part in the Fruit and Vegetable Snack program.

My child is allergic to the following fruits and vegetables \_\_\_\_\_

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Signature of Parent

Date

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