

Process Checklist

- Submit to principal for approval of the project
- At least 14 days before the project submit to nurse for “approval” include:
 - a list of all students invited to participate
 - a list of all foods being used in the project, including picture if the nutrition labels on pre-packaged foods, and how the will be used
 - dates of the activity
- Once approved by principal and reviewed by nurse: send home notification of the project at least 7 days prior to the project allowing parent/guardian the opportunity to opt their child out or work with you to develop an alternative activity
 - A sample letter is included in this packet, but if you choose to write your own letter/email please be sure to include date, all foods to be used and how the foods will be used.

NOTES

- *Please have your project approved by admin prior to bringing it to nursing*
- *Nursing will need to have the list of students and the foods to be used **before** they can review and offer guidance*
- *Grades 9-12 are brought to **Cindy Desimone***
- *Grades 7 and 8 are brought to **Jennie Macdonald***

Sandwich Middle High School
365 Quaker Meetinghouse Road
East Sandwich, MA 02537

Food Activity in the Classroom

The Sandwich Public Schools practice a ***No Food in the Classroom*** policy, as stated in the student handbook. This policy makes an exception for the inclusion of food for curriculum instruction and requires consultation with the school nurse and approval of the building principal. The following food inclusion project has been approved:

Date of Project: _____

List of foods with ingredients to be offered (please note – all foods must be pre-packaged and prepared by a manufacturer and not prepared in the home):

If you would like to excuse your child from this activity, please reach out to your child’s teacher by phone or email.

Teacher Name

Teacher email

Curricular Project Using Food or Potential Allergens

Consultation and Consent Form

This form must be completed and turned in for principal authorization.
The approved form must be submitted to nursing staff no less than one week prior to the activity.

Teacher / Grade: _____

Date of Activity: _____

Food / Potential Allergen: _____

Brief description of the activity and how the items will be used:

Principal Authorization: _____ Date: _____

Yes Yes, with the following changes:

No

Nursing Consultation: _____ Date: _____

Nursing concerns: _____

Please indicate when and how parents will be informed of this activity:
Date of parent notification _____ Method _____

