**EARLY CHILDHOOD PROGRAM**
**Form 16. PERMISSION TO SERVE FRUITS & VEGETABLES FORM**

**Child's Name:** _____

_____ I give permission for WCCC teachers to serve fruits and vegetables to my child. Though my child has diagnosed food allergies, they are not allergic to fruits or vegetables at this time.

_____ I give permission for WCCC teachers to serve OUTSHINE frozen fruit bars to my child for occasional special event popsicle snacks. Though my child has diagnosed food allergies, they are not allergic to these fruit bars.

https://www.icecream.com/us/en/brands/outshine/our-story?gad_source=1&gad_campaignid=19508749347&gbraid=0AAAADn2x1XxFydffikP36rdheqYx_NJI&gclid=CjwKCAjwmdLSBhANEiwAkREMN6dIlbFYQgylDg4Zc8bQ6ZI_boDpXMFQALeIFw0Ez2UAGaK1gimj8BoCwzIQAvD_BwE

**Parent/Guardian Signature** _____ **Date** _____

7/13/2026