

Lake Elsinore Unified School District-Food Services Dept.  
PARENT REQUEST FORM for FIELD TRIP SACK LUNCH

Revised 9/15/04

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**Section A.**

YES, \_\_\_\_\_ I would like to request a sack lunch for \_\_\_\_\_  
Check Here Date of Field Trip

If you checked YES, please complete Section C. and signature requested in Section D.

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**Section B.**

NO, \_\_\_\_\_ I do not need a sack lunch for my child.  
Check Here

If you checked NO, please complete your student's name and signature requested in Section D.

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**Section C.**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT PIN# \_\_\_\_\_ or ENCLOSE \$1.50 \_\_\_\_\_  
Please ask your child for their pin number

TEACHER NAME \_\_\_\_\_ ROOM # \_\_\_\_\_

Take a moment to review the field trip sack lunch menu below and determine if your child has a food allergy to any of the items that will be in the sack lunch. Please complete the information below and provide a signature in Section D.

YES, my child has a food allergy to \_\_\_\_\_  
*An appropriate substitute item(s) will be provided for your child in their sack lunch.*

**MENU**

PB & J Uncrustable Sandwich  
Carrot Coins or Celery Sticks  
Fresh Apple  
Shelf-Stable Milk  
Chocolate Chip Cookie

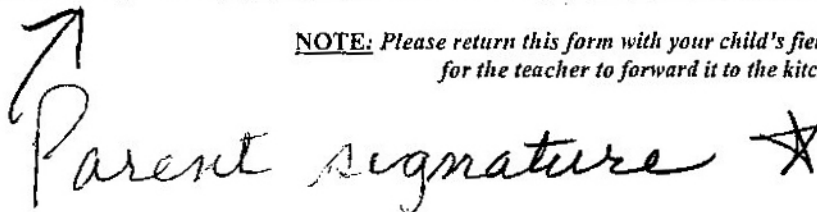
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**Section D.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Please return this form with your child's field trip permission slip in order for the teacher to forward it to the kitchen. Thank you.

 Parent signature ✱