

**Food Distribution Protocol**  
**In CPS Curriculum, Special School Events, Field Trips and Activities 30 Minutes After School**

**Date of Event:** \_\_\_\_\_ **Name of Program:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Teacher/Staff name:** \_\_\_\_\_

**Description of Program Activity or Event:** \_\_\_\_\_

**List of food(s), brands and or ingredient(s) to be included in the event:** \_\_\_\_\_

\_\_\_\_\_

**Plan for set up, preparation, serving, cleanup naming who is responsible for each task:** \_\_\_\_\_

\_\_\_\_\_

**Students who are involved in event** \_\_\_\_\_

\_\_\_\_\_

**Teacher notifies Department Coordinator how this activity is linked to curriculum when activity is during academic hours:**

**Date** \_\_\_\_\_ **Teacher's Initials** \_\_\_\_\_

**Teacher reviews student's Emergency Allergy Action Plans with nurse; nurse recommendations:** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_ **Nurse Signature** \_\_\_\_\_

**Teacher reviews the safety plan for non CFS Food with the Principal** **Date** \_\_\_\_\_ **Teacher's Initials** \_\_\_\_\_

**Teacher/Principal communicates to participating student's parents/guardians what foods will be offered with opt in or opt out consent if requested by school nurse.**

**Date** \_\_\_\_\_ **Teacher's Initials** \_\_\_\_\_

**Teacher has names of non-partaking students per parent/guardian** **Date** \_\_\_\_\_ **Teacher's Initial's** \_\_\_\_\_

**Principal Approval** \_\_\_\_\_