

Register of Food Brought into Centre

Date: ____ / ____ / ____

Child's Name: _____

Please circle your child's class group:

Koala / Platypus / Kookaburra / Possum / Wombat

Description of Food Supplied

Reason for Supply _____ Used by Date _____

Ingredients

Food Storage Requirements

Storage Requirements: Refrigerated Frozen Non Refrigerated

Name of Parent _____

Parent Signature _____

THIS SECTION TO BE COMPLETED BY EDUCATORS/STAFF MEMBER

Educator name: - _____

Expiry Date Checked: Storage Requirements Checked:

Signature: _____