

PARTICIPANT ALLERGEN RELEASE FORM

All participants in Milk Quality and Products and Food Science Career Development Events MUST complete this form and submit it to the CDE Superintendent or representative prior to participation in the events. ALL signatures MUST be present for the student to be allowed to participate in the CDE.

We, the undersigned, have read the list of items used to prepare the milk defects as stated in the Idaho State FFA Career Development Event Rules under the section labeled:

Procedures for Preparing Samples of the Common Off-Flavors of Fluid Milk

The participant acknowledges no allergies to the listed ingredients and acknowledges that the Dairy Food Products used in the event MAY have come into contact with potential allergens. The participant and guardian(s) acknowledge that they have received this information and are aware of potential allergen risks.

By signing below, the student, (print name) _____ of the _____ FFA Chapter is given permission to participate in the Idaho FFA Milk Quality and/or Food Science Career Development Events considering the parameters outlined above.

Signed,

Participant

Parent / Guardian

Advisor