



Name: _____

Date: _____

Ingredients for a Safe Kitchen

Instructions: After cooking or baking a dish or a full meal with a parent, describe five food and/or cooking safety tips you and your parent used, and explain why each tip is so important.

1. _____

2. _____

3. _____

4. _____

5. _____



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My Recipe: _____

Ingredients: _____

Directions: _____

