



COMPASSION, ACCEPTANCE, RESPONSIBILITY, FORGIVENESS, TRUST

September 2015

Dear Parents and Carers,

Throughout the year, as part of themed weeks and our Creative Curriculum topics, opportunities arise for pupils to come in to contact with unusual items or taste new foods.

It is therefore important that the school is aware of any allergies that children may have so that these can be considered when exciting activities are planned and carried out.

We would therefore appreciate if you could return the slip below, giving permission for your child to take part in various 'taste experiences' throughout the year.

Please note that children will not be forced to try anything they do not want to so please **only** include allergies below (and not likes/dislikes).

PLEASE RETURN THE SLIP BELOW TOMORROW MORNING – THANK YOU

Yours sincerely,

Miss Grima

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**BURHAM CE PRIMARY SCHOOL
'Food Tasting Experiences'**

I give permission for my child(Please print your child's name)

Class: to take part in the above.

My child:

- a. does not suffer with any food allergies.
- b. does suffer with the following food allergies:
(please delete as applicable)

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.....

PLEASE LIST ANY OTHER ALLERGIES YOUR CHILD MAY HAVE:

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.....

Signed: Date: