

As part of the curriculum there will be occasions when pupils will be invited to taste foods / use ingredients i.e. from different cultures, science investigations, following recipes etc..

Your permission is sought to allow your child(ren) to be able to taste foods and use ingredients as and when appropriate.

Please advise of any food/colourings that your child(ren) might be allergic to plus any other dietary requirements.

Parent/Guardian's Permission

I do / do not give permission for my child(ren) ______ (names in print) to taste foods / handle ingredients as and when appropriate.

Signed:

Print Name: _____ Date: _____

Please indicate below any food/colourings that your child(ren) might be allergic to and any other dietary requirement and should <u>not</u> therefore be invited to taste / handle the ingredient(s):-

PLEASE NOTE: It is the parent/carers responsibility to notify the school of any changes to the above information during this Academic Year.