The Rivers C.of E. Academy Trust

Cutnall Green C E Primary School LOVE LEARN LIVE

Cutnall Green CofE Primary School

FOOD ACTIVITIES PERMISSION

Child's Full Name (inc. surname) .....

I give permission for my child to take part in the activities listed below (please tick yes or no) during their attendance at Cutnall Green Primary School.

It is parents/carers responsibility to complete another permission slip if there are any changes to the information given below (forms available from the office).

ACTIVITY	YES	NO
Growing food		
Cooking food		
Handling food/Preparing food		
Eating/tasting food cooked in school e.g. different fruits, healthy foods, cakes sold for fundraising, parties, tasting foods of different cultures and countries etc.		
Eating/tasting food brought in to school e.g. different fruits, healthy foods, cakes sold for fundraising, parties, tasting foods of different cultures and countries etc.		

Please complete if applicable:

My child has an allergy and need to avoid food containing this/these ingredients:

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For religious, ethnic, vegetarian or medical reasons my child needs to avoid food containing this/these ingredients:

.....

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Signed: ..... Date: _____

(Parent/Carer)

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