

Parent's Permission for children to taste food

As part of our school work, we sometimes need to ask children to taste food. In order that we have a record of any allergies to food, please complete and return this form to the school office.

Parent's agreement

I give permission for my son/ daughter to be encouraged to taste a variety of foods which will be mainly healthy, as part of ongoing curriculum work. I understand that the school is actively encouraging healthy eating with the children.

Please tick **ONE** of the following boxes:

My child has no known food allergies

Or

My child has the following known food allergies

Allergies.....

Parent's/ Guardian's signature.....

Name of pupil.....

Class...