

**Fruit & Veg Month Permission Form**

**29th August – 23rd September 2016**

Dear parents/guardians/carers,

**Our school is celebrating Fruit & Veg Month!**

This is a great program that will educate your child about the benefits of eating fruit and vegetables as part of a healthy lifestyle.

Activities will cover a range of curriculum outcomes. Some activities involve students taste testing fruits and vegetables. Some students may have allergies/intolerances to certain foods. We ask for your co-operation in completing this permission slip.

If you have any enquiries about the program, please do not hesitate to contact the school or your child’s teacher.

Please return the form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_.

Regards

--------------------------------

Fruit & Veg Month School Coordinator

✂------------------------------------------------------------------------------------------------------------------

**Fruit & Veg Month Permission Slip**

**29th August – 23rd September 2016**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child/ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Fruit & Veg Month tasting activities at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School.

*This activity has the approval of the Principal.*

Please tick

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has no known food allergies/intolerances.

(insert name of child)

Please tick

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does suffer form a food allergy/intolerance

(insert name of child)

and is not allowed to consume the following foods (complete only as necessary):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/2016

(parent/guardian/carer)