



# Elizabeth Woodville Primary School

## Consent for Activities involving Food in School

From time to time we undertake activities involving preparing and /or tasting food. Therefore it is important that we know of any allergies or unsuitable foods for your child.

Please complete the form below and return to the class teacher via your child or to a member of staff on the gate.

Name of Child \_\_\_\_\_ Year \_\_\_\_\_

Please tick the box to give consent for your child to take part in activities involving:

- Food Preparation
- Food Tasting

Please give details of any allergies, unsuitable foods or ingredients.  
If NONE, please state NONE.

I undertake to inform the school at once should any allergies or unsuitable foods be discovered during the school year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(of adult with legal responsibility for the child)*

Name \_\_\_\_\_

Relationship to child: \_\_\_\_\_