



Dear Parent/Guardian,

Food Allergies

Throughout the year we may be tasting a variety of foods. Please give your consent below for your child to take part in these sessions.
Could you inform us of any food allergies your child may have.

Yours sincerely

Teachers at Tarleton Community Primary

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Food Allergies

I give my permission for my child Class
to taste a variety of foods throughout the year.

He/she has no known food allergies (please tick)

He/she is allergic to:

Signed (Parent/Guardian)