

Thursday 23rd June 2022

Dear Parent/Guardian

I am writing to let you know that your child will be undertaking a range of food activities to support their learning and development. We will be tasting and cooking with a variety of ingredients, all of which will be suitable for the children.

I would be grateful if you would complete and return the slip below by **Tuesday 28th June 2022**.

Please do not hesitate to contact me if you would like to discuss this further.

Best wishes

Year 1 Team



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Year 1 - Ingredient check slip

My child: _____ **Date:** _____

- Does not have food allergies/ intolerances or any other reasons for not eating certain foods.
Or
 Does have food allergies/ intolerances and other reasons for not eating certain foods. (Add details to the table below.)

My child should not handle or eat these foods:	Complete this column ONLY in the case of severe allergy. My child has a severe allergy and the following food(s) must not be brought into my child's classroom or used by others in the classroom:

- I agree to my child wearing a plaster or plastic gloves to enable them to join in the food session if they have a cut or skin condition on their hands on the day of the food session.

Parent/carer name (PRINTED): _____

Parent/carer signature: _____

These are some of the fruits we will be using. Please 'x' any food your child is allergic to.

Fruits	'x' allergic
Mango	
Strawberry	
Papaya	
lychee	
Passion fruit	
Sharon fruit	
Star fruit	
lemon	
grapes	
pineapple	
Dragonfruit	
melon	
physalis	
kiwi	