



Permissions

- I give permission for my child to participate in **food tasting** and confirm that my child has no food allergies
- During the course of the school year we sometimes show films that have a P.G. Rating. I give permission for my child to watch **PG rated films** in school

Signed.....(Parent/Carer)

Please indicate clearly below if your child has any food allergies

My child is allergic to: