

Raleigh Infant and **Admirals Academies**

Admirals Way, Thetford, Norfolk. IP24 2JT

e-mail (Raleigh): office@ral.eastern-mat.co.uk e-mail (Admirals): office@adm.eastern-mat.co.uk

Executive Principal: Mr. G. Sadler BEd (Hons) NPQH



www.admiralsacademy.co.uk **(**01842) 753993

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Consent for Tasting

Dear parents/guardians

During the year, the children will be preparing and tasting a wide range of foods in the Academy.

We are aware that many children have allergies to different foods and would be grateful if you would please complete and return the permission slip below to allow your child to take part in these tastings. If we do not receive your permission then your child will not be able to take part.

If your child has any allergies or there is food they should avoid, please let us know below. Please keep us updated of any changes.

With best wishes,

Mr. Greg Sadler **Executive Principal**

Consent for Tas	tir	1

I give permission for	(name of pupil)	Class
to take part in tasting sessions in the Academy.		
Name of parent/guardian	. Relationship to	child
Signed:	Date:	
Allergies/ Dietary Requirements:		

IF ALLERGIES REQUIRE MEDICAL INTERVENTION DUE TO ANY ALLERIC REACTION - PLEASE STATE. PLEASE RETURN SO YOUR CHILD CAN TAKE PART IN TASTING SESSIONS.









