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Dear Parent/Carer,

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 11.09.2020. Please do not hesitate to contact me if you would like to discuss this further.

Best wishes

Sophia Marquiss

Ingredient check slip

My child: _____ Date: _____

- Does not have food allergies/ intolerances or religious/cultural reasons for not eating certain foods.
Or
- Does have food allergies/ intolerances or religious/cultural 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: _____ Date: _____

