

# Consent for Activities involving Food at Elysian

From time to time we undertake activities involving preparing and /or tasting food. Therefore it is important that we know of any allergies or unsuitable foods for your Child/Young Person.

Please complete the form below and return to the staff via your child or to a member of staff on the gate.

Name of Child/Young Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick the box to give consent for your child to take part in activities involving:

* Food Preparation
* Food Tasting

Please give details of any allergies, unsuitable foods or ingredients. If NONE, please state NONE.

I undertake to inform Elysian at once should any allergies or unsuitable foods be discovered during the year

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(of adult with legal responsibility for the child)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_