

Warburtons School Visit Pupil Letter



Dear Parent/Carer

I am a Warburtons School Visitor and I will be visiting your child's class on Tuesday 20th November to run a healthy eating and practical food session that supports the school curriculum.

During the session the children will be working with food and may undertake tasting activities.

Please complete the form below and return it to school as soon as possible.

Best wishes

Deborah Woodhouse

Warburtons School Visit My Childs Name: _____



Photo permission During this session, I would like to take some photographs of the children participating in the workshop. The intention is for these photos to be used in publications, press articles, promotional material and on the Warburtons intranet, external website and social media pages (i.e. Twitter and Facebook) to showcase the work we do in schools. We will not use the images taken for any other purpose.

Please tick one statement.

I give permission for my child to be photographed participating in the Warburtons School Visitor workshop and for these images to be used in publications, press articles, promotional material and on the Warburtons intranet, external website www.warburtons.co.uk and social media pages (i.e. Twitter and Facebook).

I do not give permission for my child to be photographed.

Ingredient check letter

Please tick the relevant:

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.

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.

Signed Parent/Carer: _____

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Print Name: _____

Date: _____

