



# Buxton Primary School

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Achieving Excellence Together

## Food Tasting Consent Form

Name of child: \_\_\_\_\_

Please read the statements below and TICK ONE BOX ONLY

	<p><b>My child DOES NOT have a food allergy or food intolerance.</b></p>
	<p><b>My child DOES have a food allergy or food intolerance. He / She may participate, but may not eat or handle the following items:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p><b>My child DOES have a food allergy or food intolerance. He / She may NOT participate in any food related activities. Their allergy / food intolerance is as follows:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

<p><b>Signature of person responsible for the child:</b></p>	
<p><b>Relationship to the child:</b></p>	
<p><b>Date:</b></p>	

**PLEASE NOTE:** You will always be informed when food related activities are part of your child's curriculum. This consent form relates to medical allergies and intolerances, not individual food preferences



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