



Date: _____

We are pleased to announce that our school has been accepted into the BC School Fruit and Vegetable Nutritional Program
(Administered by the BC Agriculture in the Classroom Foundation and supported by the Province of British Columbia and the Provincial Health Services Authority)

Our school is involved in a province-wide healthy living initiative. One of the goals is to encourage healthy eating by providing fresh BC fruits and vegetables to our students *during class time*. Our students will receive these healthy treats 12 times over the school year at **no charge!**

To ensure every student's health and safety please return this reverse consent form

ONLY

If you do **NOT** wish your child to participate

AND/OR

If you need to alert us to certain **FOOD ALLERGIES**.

Student's Name: _____

Teacher's Name: _____

Grade: _____

NO I do not wish my child to participate in the BC School Fruit and Vegetable Program

MEDICAL ALERT My child has food allergies you need to be aware of and therefore he/she may not be able to participate in every offering. To assist you, below is information on my child's "allergy profile".

Please list allergy(s) and define allergy profile(s):

For Example:

- It is airborne
- It is by ingestion only
- It can be contracted through touch – the skin.

If you need further guidance in this area, please contact me at: _____

Parent/Guardian's Name: _____
(please print)

Signature: _____