



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 through the Ministry of Education and Child Care)

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, vegetables, dairy and nutritious products to our students *during class time*. Our students will receive these healthy treats 12 or 24 times over the school year!

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

Student's Name: _____

Teacher's Name: _____

Grade: _____

YES I wish my child to participate in the BC School Fruit and Vegetable Nutritional Program +Milk (as applicable)

NO I do not wish my child to participate in the BC School Fruit and Vegetable Nutritional Program +Milk (as applicable)

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: _____