

Please note that this form will be coming home today with your child(ren).

Please fill out the form and return to your classroom teacher by Mon, Sept 16th as the first day for this program starts Tuesday, Sept 17th. We cannot give your child these products without the permission form signed & returned. Thank you!

BC SCHOOL MILK PROGRAM



Our **Kindergarten to Grade 5 students** will participate into the BC Milk Program sponsored by BC Agriculture in the Classroom Foundation and ActNowBC. Our school is involved in a province-wide healthy living initiative. One of the goals is to encourage healthy eating by providing fresh milk to our younger students *during classroom time*. The students will receive their milk in small containers twelve (12) times this school year at **no charge!**

Yes, I wish my child to participate in the BC School Milk Program.

No, I do not wish my child to participate in the BC School Milk Program.

BC SCHOOL FRUIT AND VEGETABLE PROGRAM



Our school will participate in the BC School Fruit and Vegetable Program sponsored by BC Agriculture in the Classroom Foundation and ActNowBC. 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 the students *during classroom time*. The students will receive picked, washed and ready to enjoy produce nine (9) times this school year at **no charge!** The students may choose to try the produce offered to them.

Yes, I wish my child to participate in the BC School Fruit and Vegetable Program.

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

To ensure every student's health and safety during this program, please return this consent form to indicate whether or not you wish your child to participate in the program and if you need to alert us to certain food allergies.

MEDICAL ALERT

My child has the following food allergies:

Parent/Guardian Name _____

Parent/Guardian Signature _____

Please return this consent form to school by Monday, September 16, 2019. Students who have not returned their consent form will NOT be able to participate.

Student's Name: _____

Div. _____

Teacher's Name: _____