



Dear Families,

In 2024 our Community Kitchen / Garden activities will continue for all year levels. It is important that we are aware of any allergies that your child has, particularly regarding food allergies. We ask that you complete the information requested below and return this form to school with your booklist and other permission forms.

We stress that children will not be allowed to participate in kitchen activities without this information.

Thanking you for your cooperation in this matter.

Child's Name: _____ **Year Level in 2024** _____

- Asthma
- Allergy. Type: _____
- Other (please describe) _____

Symptoms (please list)

Severity of reaction (please circle)

Mild

Moderate

Severe

Life Threatening

Medication (and whether is it kept at school)

Course of Action

Emergency contact

Name: _____

Phone: _____

Family Doctor

Name: _____

Phone: _____