

Darnhall Primary School  
Sandyhill Road  
WINSFORD  
Cheshire  
CW7 1JL



Telephone: (01606) 593315

Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.  
Deputy Headteacher: Sarah Jardine B.Mus, P.G.C.E, N.P.Q.M.L.  
Deputy Headteacher: Natasha Mulholland B.A Hons

9<sup>th</sup> October 2023

Dear Parents and Carers,

## FOOD TASTING CONSENT

Please can you complete the details on the back of this letter and sign and return this form to school to give your consent for your child to take part in food tasting sessions within their lessons or for them to eat food provided by school during school trips or other events.

Please specify on the form if your child has an allergy to any foods and so should not have them. If you have a letter from your doctor or a hospital regarding their allergy, please provide school with a copy for your child's records.

If your child develops any allergy in the future, you **MUST** inform school as soon as possible so that the details can be recorded on their school information.

Your consent for these activities will last for your child's whole time at Darnhall Primary. It is your responsibility to inform school if you wish to withdraw your consent or if your child develops an allergy to any foods.

We will send an email to you whenever your child is going to do these activities but we will not now ask you to reply and give your consent on each occasion.

If you have any questions regarding this matter, please email [contact@darnhall.cheshire.sch.uk](mailto:contact@darnhall.cheshire.sch.uk) for the attention of Helen Young.

Kind regards

Mrs Helen Young  
School Business Manager

[contact@darnhall.cheshire.sch.uk](mailto:contact@darnhall.cheshire.sch.uk)  
[www.darnhall.cheshire.sch.uk](http://www.darnhall.cheshire.sch.uk)



## FOOD TASTING CONSENT REPLY

CHILD'S NAME: \_\_\_\_\_

CHILD'S CLASS: \_\_\_\_\_

Please delete as appropriate:

I give my consent for my child to take part in food tasting activities and to consume food provided by school during school trips or school events.

**OR**

I **DO NOT** give my consent for my child to take part in food tasting activities and to consume food provided by school during school trips or school events.

My child **DOES NOT** have any food allergies

**OR**

My child is allergic to the following foods:

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I will update school if my child develops any food allergies in the future or if I wish to withdraw my consent

PARENT'S / CARER'S NAME \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

contact@darnhall.cheshire.sch.uk  
www.darnhall.cheshire.sch.uk

