



ROSEMARY HEIGHTS ELEMENTARY

This form is only returned if you **DO NOT WISH** your child to be included.



Date: September 2010

We are pleased to announce our school has been accepted into the
B C School Fruit and Vegetable Nutritional Program
Sponsored by B.C. 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 B.C. Fruits and Vegetable to the students *during classroom time*. The students will receive picked, washed, and ready to enjoy produce for 13 weeks at **no charge!**

**To ensure every student's health and safety during this program,
please return this reverse consent form only if you do NOT wish your child to participate
or
if you need to alert us to certain food allergies.**

Students 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:

In 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: _____