Gaithersburg High School

101 Education Blvd

Gaithersburg, MD 20877

August 2015

Dear Parent/Guardian,

We are so excited to start off the 2014-2015 school year! We will be cooking as part of our classes. During this time we will be working on literacy and math skills in relation to the recipes, functional skills in relation to preparation and clean up, as well as behavioral skills in relation to following directions and safety.

We know that some of our students have food allergies, dietary restrictions or even preferences. This letter is to receive your approval for your son / daughter to participate in these cooking sessions while also ensuring everyone is safe and has fun! They are very important part of our program, so if there is a problem, please do not hesitate to contact us.

If there is anything we can to make you or your family feel more comfortable with the food / dietary situation, please let us know.

Thank you,

LFI Staff

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| Student Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 🞎 I grant permission for my child to participate in cooking class. | | | | |
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| 🞎 I do NOT grant permission for my child to participate in cooking class. | | | | |
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| Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any dietary restrictions / allergies / preferences: |
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