

Fruit and Veggie Opt-Out Form

(School Fruit and Vegetable Nutritional Program)



PLEASE SUBMIT THIS FORM ONLY IF YOU DO NOT WISH YOUR CHILD TO PARTICIPATE AND/OR IF YOU NEED TO ALERT US TO CERTAIN FOOD ALLERGIES

(The opt-out form is in effect for the duration of your child's attendance at a school and can be revoked at any time by contacting the school).

STUDENT NAME <i>(Print Usual First and Last Name)</i>	GRADE	SCHOOL

The schools in our district are fortunate to have been accepted into the BC School Fruit and Vegetable Nutritional Program. Administered by the BC Agriculture in the Classroom Foundation and supported by the Province of British Columbia and the Provincial Health Services Authority, the goal is to encourage healthy eating by providing fresh BC fruits and vegetables to students *during* class time. Fruits and vegetables contain vitamins, minerals, phytochemicals, antioxidants, and fibre that promote health and prevent disease.

PLEASE NOTE: This snack is not meant to replace food normally consumed at recess or lunch.

For students in grades K-5, there is also the option to have milk (+Milk) delivered along with the fruit and vegetables. A percentage of +Milk delivery will be fortified soy beverage for students with lactose sensitivities.

The students will receive these healthy treats 12 times in the school year at no charge!

To ensure every student's health and safety, please complete and return this form **ONLY** if you do **NOT** wish your child to participate in the program, **AND/OR** if you need to alert us to certain **FOOD ALLERGIES**.



Please Complete the Areas Below and Submit the Full Page to the Classroom/Homeroom Teacher or Office:

Usual First and Last Name of Student *(PLEASE PRINT)*: _____

- NO**, I do **NOT** wish my child to participate in the BC School Fruit and Vegetable Program.
- (Grades K-5 Only): NO**, I do **NOT** wish my child to participate in the K-5 +Milk Program
- MEDICAL ALERT:** My child has food allergies you need to be aware of, and therefore, they 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) in the area below and define allergy profile(s):
 (For Example: It is airborne It is by ingestion only It can be contracted through touch/the skin)

If you require further clarification, please contact me at: Phone: _____ Email: _____

Name of Parent/Guardian: _____ Signature: _____
(PLEASE PRINT)

Date: _____
(DD-MM-YYYY)