



## Coral Primary School

### Parental Reply/Acknowledgement Form (To be submitted to Form Teacher by **Friday, 5 August**)

Name of Student: \_\_\_\_\_

Class: P \_\_/ \_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_

#### I. P1 & P2 Cooking with HEART programme

Please tick in one of the boxes below:

Please tick	Information
	My child is not allergic to any of the ingredients stated.
	My child is allergic to:  _____ (Please list down the ingredient that your child is allergic to)

\_\_\_\_\_  
Name & signature of parent/guardian

\_\_\_\_\_  
Date