

**SUBJECT:** Pancake tasting

**DATE:** Friday 7<sup>th</sup> February



**THREE PEAKS  
PRIMARY  
ACADEMY**  
*Creative  
Education  
Trust*

Dear Parents/Carers,

To support the children's learning about 'Pancake Day' we would like the children to taste pancakes.

The children will be tasting pancakes which will have various toppings such as: lemon juice, chocolate spread and jam.

In order for your child to take part in this activity we need your permission. Please let us know if they have any food allergies. A list has been attached of the possible allergens which may be in the food.

Please return this letter by **Monday 24<sup>th</sup> February** to ensure your child can taste the pancakes.

Thank you for your continued support.

Miss Sandhu and Miss Brown

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Name of child - \_\_\_\_\_

I give my permission for my child to take part in tasting pancakes-.

My child has known allergies of –

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Signed - \_\_\_\_\_