**OzHarvest FEAST Program**

**Caregiver permission note and call for volunteers**

Year **<insert year group>** students will be participating in a program called FEAST (Food Education and Sustainability Training) where they will learn about food waste, nutrition and develop basic cooking skills.

The cooking sessions will take place on **<insert day and times>** and run once a week for **<insert number>** weeks.

The practical nature of the cooking classes requires additional adult supervision. We are looking for 2-3 volunteers per class to assist with the cooking sessions for 1.5 hours.

**During the lesson you will be required to do the following:**

* Wear enclosed shoes (no thongs, sandals or high heels) and suitable clothing such as long pants and a comfortable top
* Arrive 15 minutes prior to the lesson starting to help set up
* Lead a small group of 5 children through preparing their set recipes and make sure they are being safe and handling all food properly
* Monitoring safe food handing and working conditions including; trip hazards (power cords), knife safety and hygiene
* Electric fry pans must be supervised closely
* Assist with clean up and re-packing all equipment

**Please complete and return the form below.**

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I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in class \_\_\_\_\_\_\_\_\_\_ to participate in the FEAST program.

I understand that students will be preparing and eating a variety of meals in the cooking sessions. My child’s dietary requirements are as follows (or NA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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I can volunteer with the practical component of the FEAST program (please circle): YES NO

Caregiver name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_