

DRIED RAISIN DISTRIBUTED TO THE STUDENTS PARENT'S CONSENT FORM

Dear Parent,

" Dried raisin distributed to the students Programme" is organized by the cooperation of Ministry of Education; Ministry of Food, Agriculture and Livestock; General Directorate of Office of Land Crops in order to bring in eating healthy snack habit among the students. The students will be given 25 gr. dried raisin two days a week. Below form is for receiving your consent for your child's eating dried raisin. After filling this form please kindly submit it to class teacher.

CITY/DISTRICT NAME	
SCHOOL NAME	
STUDENT NAME SURNAME	
CLASS	
AGE (YEAR)	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Is your child diabetic?	<input type="checkbox"/> YES (If YES you should consult to your family doctor) <input type="checkbox"/> NO
İL/İLÇE ADI	

I GIVE MY CONSENT FOR MY CHILD'S BEING GIVEN RAISINS

YES

NO

(SIGNATURE)

Note: This form should be uploaded to Dried Rasin for Students Module by

The class teacher for each student whether he/she wants or does not want to be given dried raisin.

MILK DISTRIBUTED TO THE STUDENTS PARENT'S CONSENT FORM

Dear Parent,

Dear Parent,

" Milk distributed to the students Programme" is organized by the cooperation of Ministry of Education; Ministry of Food, Agriculture and Livestock; in order to bring in drinking milk habit among the students for their physical development. The students will be given 200ml. Milk in a carton three days a week. Below form is for receiving your consent for your child's drinking milk. After filling this form please kindly submit it to class teacher.

OKULUN ADI	
STUDENT NAME AND SURNAME	
CLASS	
AGE	
GENDER	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
ALLERGETIC TO MILK	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW
DOES HE/SHE LIKE DRINKING MILK?	<input type="checkbox"/> EVET <input type="checkbox"/> HAYIR
HOW OFTEN DOES HE/SHE DRINK MILK?	<input type="checkbox"/> EVERYDAY <input type="checkbox"/> 2-3 DAYS A WEEK <input type="checkbox"/> ONCE A WEEK <input type="checkbox"/> RARELY <input type="checkbox"/> NEVER

I GIVE MY CONSENT FOR MY CHILD'S BEING GIVEN MILK

YES

NO

(Signature)

Note: This form should be uploaded to Milk for Students Module by

The class teacher for each student whether he/she wants or does not want to be given milk.