



ÉCOLE ÉLÉMENTAIRE ALFRED B. DIXON ELEMENTARY SCHOOL

9331 Diamond Road, Richmond, B.C. V7E 1P5

604-668-6608, Fax 604-668-6574

“Working Together, Learning Together, Growing Together”

Mr. S. Harrington
Principal/Directeur

Mrs. M. Wong
Vice Principal/Directrice adjointe



We are pleased to announce that our school has 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)

Our school is involved in a province-wide healthy living initiative. One of the goals is to encourage healthy eating by providing fresh BC fruits and vegetables to our students *during class time*. Our students will receive these healthy treats 12 times over the school year at **no charge!**

Tomorrow, students at Dixon will receive their first delivery from this program. Below is a list of fruits and vegetables that are currently scheduled for Dixon school. Once you have seen the list below, please be sure to contact the school **ONLY** if your child will not be participating in this program.

- Tomorrow! [Blueberries](#)
- Sep 25th [Pears, Bartlett](#)
- Oct 9th [Apples, Royal Gala](#)
- Oct 30th [Carrots, baby \(12x2LB/cs\)](#)
- Nov 20th [Apples, Granny Smith](#)
- Dec 4th [Mandarins, Halo](#)
- Feb 5th [Apples, Ambrosia](#)
- Feb 26th [Snap Peas](#)
- Apr 22nd [Peppers, Mini](#)
- May 6th [Cucumbers, Mini](#)
- May 27th [Tomatoes, Grape \(2 lb\)](#)

To ensure every student’s health and safety please return this reverse consent form ONLY

If you do **NOT** wish your child to participate **AND/OR**
If you need to alert us to certain **FOOD ALLERGIES**.

Student’s Name: Teacher’s Name: Grade:

NO I do not wish my child to participate in the BC School Fruit and Vegetable Program (as applicable)

MEDICAL ALERT My child has food allergies you need to be aware of and therefore he/she 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) and define allergy profile(s):

- It is airborne
- It is by ingestion only
- It can be contracted through touch – the skin.

If you need further guidance in this area, please contact me at: sharrington@sd38.bc.ca

Parent/Guardian’s Name: _____ (please print)

Date _____

Signature _____