

February 2021

Dear volunteer,

We would like to hear about any special requirements relevant to you.

Please let us know of any ALLERGIES or other medical issues and the precautions needed. For example, are you allergic to bees, ants, nuts or any other thing? What is the procedure for dealing with exposure to the allergy, do you have a medical plan/medication and where is it kept?

This is important so that Collingwood College staff and other volunteers can be alert and exercise adequate caution while working with you during the K.G lessons.

Please also inform us about any other dietary requirements you may have. They may not be life threatening, like allergies, but may cause discomfort to you, as in the case of intolerance to wheat or dairy products. Other examples of dietary requirements are Halal, Kosher, Vegetarian, or Vegan food. Please indicate how strictly you must adhere to these requirements.

A form is attached, please complete it in and return it to Desley Insall as soon as possible.

On the reverse of the Allergy and Dietary Requirement form is a form to permit the use of any photographic image of you on our Collingwood College school website, digital newsletter or display boards, as well as Stephanie Alexander Kitchen Garden Foundation's website and in other publicity materials (such as newspaper and television articles). This is an exciting program and the media are very interested. Any publicity we generate will help to further the program at Collingwood College and other schools and also raises community support for this educational program. Could you please sign this form indicating your wishes regarding the use/or not of your image to promote the Kitchen Garden Program?

If you would like to discuss any of these matters further, please feel free to contact me on 9417 6681 or send an email to me at

[Desley.insall@education.vic.gov.au](mailto:Desley.insall@education.vic.gov.au)

Kind Regards,

Desley Insall  
Kitchen Specialist Teacher and Kitchen Garden Co-ordinator  
Collingwood College Kitchen Garden Program

# ALLERGY AND DIETARY REQUIREMENTS FORM

For volunteers participating in the  
Kitchen Garden Program at Collingwood College

PLEASE PRINT CLEARLY and return to Desley Insall or the office staff soon  
as possible

Name \_\_\_\_\_

Known Allergies YES / NO (circle one)

Please give details of all dietary and other allergies. Please supply a  
ASCIA allergy management plan where needed and information of  
any medicines and where you keep them.

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Other Dietary Requirements YES / NO (circle one)

Please give details

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How strictly is this adhered to?

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Name printed

Signature

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Date \_\_\_\_\_ / \_\_\_\_\_ / 2021

**PLEASE FILL IN  
BOTH SIDES OF FORM**

## **MEDIA PERMISSION FORM**

For volunteers participating in the  
Kitchen Garden Program at Collingwood College

PLEASE PRINT CLEARLY and return to Desley Insall as soon as possible

I give my permission for myself

(Your Name) \_\_\_\_\_

to be photographed and for the image to be used for promotion of the **Stephanie Alexander Kitchen Garden Program at Collingwood College**. I understand the image may appear on the school website, digital newsletter, display boards or on **Stephanie Alexander Kitchen Garden Foundation** general publicity material and on their website ([www.kitchengardenfoundation.org.au](http://www.kitchengardenfoundation.org.au)) and may also be used to promote the goals and values of the Stephanie Alexander Kitchen Garden Foundation more widely.

Name printed

Signature

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / 2021

**PLEASE FILL IN  
BOTH SIDES OF FORM**