

**Rowe Elementary School**

1424 N Cleaver St  
Chicago, IL 60642

**(312) 445-5870**

**roweelementaryschool.org**

**Rowe Middle School**

1434 W Augusta Blvd  
Chicago, IL 60642

**(773) 799-2730**

**roweelementaryschool.org**

Dear Families,

From January 7th to 18th, our Science team is partnering with Common Threads, focusing on healthy eating and living through a curriculum called Small Bites for 2nd through 5th grades. Your scholar will have the opportunity to participate in this program during their science class. They will be learning about healthy choices they can make in their diet as well as getting to try out some healthy snacks. **Please sign the below form acknowledging they have no known food allergies or list any known food allergies.**

Thank you!

The Rowe Science Team

Scholar name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent for my scholar to participate in Small Bites.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one.

\_\_\_\_\_\_\_ My scholar has no known food allergies

\_\_\_\_\_\_\_ My scholar has the following food allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Rowe Elementary School**

1424 N Cleaver St  
Chicago, IL 60642

**(312) 445-5870**

**roweelementaryschool.org**

**Rowe Middle School**

1434 W Augusta Blvd  
Chicago, IL 60642

**(773) 799-2730**

**roweelementaryschool.org**

Queridas familias,

Del 7 al 18 de enero, nuestro equipo de Ciencias se asocia con Common Threads,

Enfocándose en una alimentación saludable y en la vida a través de un currículo llamado Small Bites for 2nd a través de 5 º grados. Tu erudito tendrá la oportunidad de participar en este Programa durante su clase de ciencias. Estarán aprendiendo sobre elecciones saludables que puede hacer en su dieta, así como probar algunos bocadillos saludables. **Por favor firma el formulario a continuación que reconoce que no tienen alergias a alimentos conocidos o enumera cualquier**

**Alergias alimentarias conocidas.**

¡Gracias!

El equipo de ciencia de Rowe

nombre del erudito: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doy mi consentimiento para que mi estudiante participe en Small Bites

Firma de los padres: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Por favor, marque uno.

\_\_\_\_\_\_\_ Mi escolar no tiene alergias alimentarias conocidas

\_\_\_\_\_\_\_ Mi escolar tiene las siguientes alergias a los alimentos \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_