



William Law
CE Primary School

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FASTING

To be completed by all parent/carers who wish their child/ren to fast during Ramadan

Child's Name	Class

Dates my child will be fasting	

Please tick to confirm that you have read and understand these statements:-

<input type="checkbox"/>	I understand that my child will bring an emergency snack to school every day
<input type="checkbox"/>	I understand that my child will be encouraged to make use of quiet areas on the playground in order to conserve their energy
<input type="checkbox"/>	I understand that if my child becomes distressed or unwell when he or she is fasting, the school will encourage your child to break their fast by eating their emergency snack and having a drink of water

Please tick if this applies to your child

<input type="checkbox"/>	I request that my child does not take part in PE during Ramadan
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Parent/Carer's Signature	Parent/Carers Name	Date

Any further comments/information that school need to be aware of:

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