



Grade 1 & 2 Chinese Breakfast Tasting Permission Slip

一、二年级试吃中式早餐

Dear Parents/Guardians,

From 6th to 21st September, Grade 1 and 2 students will be tasting some Chinese breakfast during their Chinese lessons. This will support learning the Term 3 Topic - breakfast and lunch. Please read the ingredients and sign below to give your child permission to taste some Chinese delights. We are hoping to taste soy milk, custard buns, BBQ pork buns and Chinese donut sticks.

We would appreciate the form back before 31st August, so we have a good idea of numbers.

Many thanks!

Hua Yao
Chinese Language Teacher
23/08/2017

Tasting items and ingredients:



1. Vitasoy So Milky Regular Soy Milk 豆浆 dòu jiāng

Ingredients: Filtered Water, Whole Soy Beans (min 14%), Raw Sugar, Sunflower Oil, Calcium Phosphate, Vegetable Gums (460, 407, 466), Colour (171), Sea Salt, Flavours, Food Acids (340, 331). **Allergen: Contains Soy.**

2. Custard Buns 奶黄包 nǎi huáng bāo - Brand: Bi Feng Tang Dim Sum

Ingredients: wheat flour, water, milk powder, coconut milk, white sugar, vegetable oil, starch, baking powder, yeast, beta-carotene



3. BBQ Pork Bun 叉烧包 chā shāo bāo - Brand: Seng Hork

Ingredients: wheat flour, BBQ Pork (30%), sugar, soya sauce, salt, baking powder, vegetable oil, potato starch, oyster flavoured sauce, bbq sauce, spring onion, ginger, dry sherry, garlic powder, five spice powder, food colour (124), flavour enhancer (621), water.



4. Chinese donut stick 油条 yóu tiáo - Brand: Yau Char Kwai Golden Bread

Ingredients: Flour (folate), baking powder, salt, water. **Allergen: This product is made in a facility that manufactures nut products.**



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(Return to Classroom teacher by Thursday 31st August, 2017)

Child's Name: _____ Grade: _____

I give permission for my child to participate in Chinese breakfast tasting (soy milk, custard buns, BBQ pork buns and donut sticks). If your child is vegetarian, please indicate in the dietary requirement, and your child will taste the breakfast except BBQ Pork buns.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Medical Information (if necessary) and dietary requirements: