



Appendix A

Ramadan Fasting Permission Slip

I give permission for my child(ren) to fast

Child's name: _____	Class: _____
Child's name: _____	Class: _____
Child's name: _____	Class: _____

My child will be fasting for the following days this week:

Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>

I will provide my child with an emergency snack for each day of fasting.

I agree that, in the rare circumstances of a child becoming distressed or unwell when he or she is fasting, the school will encourage the child to break their fast by eating their emergency snack and having a drink of water.

My emergency contact number is: _____

Signature of parent: _____ Date: _____

Name of parent: _____