



## Summer Meal Pick-Up/Delivery Consent Form

**Directions: Please complete and return to your child's Homeroom teacher. Please return as soon as possible and no later than Friday May 10<sup>th</sup>, 2024. If needed, additional forms are available upon request.**

Homeroom Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Names of Children in Household	Age of each child:	School child attends (if applicable)

**Meal Service Mode Provide by School:**(Select One: If choosing bus delivery, you will be required to transition to meal pickup upon the first failed attempt for delivery)

Bus Delivery \_\_\_\_\_ Bus Number/Driver \_\_\_\_\_ Meal Pickup \_\_\_\_\_

Date(s) unavailable to receive meals (please list): \_\_\_\_\_

Do not wish to receive meals \_\_\_\_\_

**Special Meal Modifications (regarding food allergies if applicable)**

Student's Name	Modification Required

**Point(s) of Contact (required, only these individuals will be allowed to receive meals and must be prepared to show identification)**

Parent / Guardian Name	Contact Phone Number

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_