



Summer Meal Pick-Up/Delivery Consent Form

Directions: Please complete and return to your child's Homeroom teacher. Please return as soon as possible. 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)

Meal 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

Parent/Guardian Signature: _____

Date: _____

*Please list an additional point of contact:

Name: _____

Number: _____