

(Name of your group) After School Pack Program
Parent Permission Form

Parent Name _____

Address _____

Phone _____

Number of adults in family _____

Number of children in family _____

Please list children in your family attending (name of district) Schools:

Name _____ School _____ Grade _____ Teacher _____

Name _____ School _____ Grade _____ Teacher _____

Name _____ School _____ Grade _____ Teacher _____

Name _____ School _____ Grade _____ Teacher _____

Name _____ School _____ Grade _____ Teacher _____

Does your child receive free or reduced-cost lunch? Yes _____ No _____

Does your child have food allergies? Yes _____ No _____

If yes, please list:

You may discontinue the program at any time. In addition (name of your group) may withdraw a family at its discretion.

By accepting after school packs, I release and hold harmless (name of your group) and its food donors of any and all liability.

Parent signature _____ Date _____