

# BackPack Program

## Permission Form



**Please complete this form and return it to \_\_\_\_\_ at \_\_\_\_\_.**

Dear Parent(s)/Guardian(s),

We would like to inform you that \_\_\_\_\_ is eligible to participate in Mid-Ohio Foodbank's *BackPack Program*. The program is dedicated to enhancing food access for children and their families by providing grocery bags full of shelf-stable foods to school age students and their families every other weekend.

The quantity of food provided is based on a family of four, and is shelf-stable, with the addition of fresh produce (e.g., apples, oranges, etc.) and bread products when it is available. Each site is served every two weeks throughout the school year. The program may continue through the summer as long as normal facilitation of the program is still possible.

Your permission is needed for your child to participate in the BackPack Program. Please indicate if you would like your child to participate by checking one of the options below:

\_\_\_\_\_ **YES**, my child may participate in the *BackPack Program*.

My child has \_\_\_\_\_ food allergies.

Please indicate how many individuals live in your home (total), and within age group below:

Total Number of People in Your Household	Age 0-5	Age 6-11	Age 12-17	Age 18-59	Age 60+

\_\_\_\_\_ **NO**, my child may not participate in the *BackPack Program*.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

Contact \_\_\_\_\_ at \_\_\_\_\_ if you have questions about the *BackPack Program*.