

## Grab-and-Go Meal Pickup Permission Form

This site is approved to provide Grab-and-Go Meals to children in eligible rural areas. Eligible participants include children ages 18 and under or persons 19 and over who are mentally or physically disabled and participating in a public or private non-profit school program for the mentally or physically disabled.

Per program regulations, Children's Hunger Alliance may allow parents or a designated guardian to pick up meals on behalf of children. A designated guardian may include another adult, such as a grandparent or babysitter functioning as the child's caretaker, or siblings who have *documented* permission by the parent or legal guardian to pick up meals for the child. Childcare providers and individuals not listed on this form may not pick up meals for a child. If the child is present at the meal pick-up, no special permissions are required.

Meals are provided free of charge from this site during the summer months (Please see site location for days and hours for meal distribution). Each grab and go meal box will contain breakfast and or lunch. All meals contain food items that are approved by the United States Department of Agriculture (USDA).

**If a parent/legal guardian wishes to authorize another person to pick up meals for their child, complete the following section.**

**List the name(s) all children receiving Grab-and-Go Meals.**

Child's Legal Name
Lincoln szkarupa
serenity giles

Name of Authorized Individual(s)	Relationship
Beth Thomas	

I authorize the above individual(s) to pick up meals for the listed child(ren). Any individual not listed may not pick up meals for my child(ren).

### Certifications

- I understand it is my responsibility to ensure the proper storage of meals.
- I understand the child(ren) listed is only eligible to receive one meal per meal service type (i.e., Breakfast, Lunch, Supper, Snack).
- I agree to follow all food safety instructions included with the meals.
- My children are not formally enrolled in childcare with the individual(s) authorized to pick up meals.
- I certify the child(ren) listed is/are ineligible to receive meals provided through another Child Nutrition Program such as the Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), including home delivery, or Seamless Summer Option (SSO) if I choose to receive grab and go meals from this site.
- I certify that my child has not received meals from another distribution site or currently receives home delivered meals.
- I certify that all the information on this form is true.

<b>Parent/Legal Guardian Printed Name</b>
<b>Parent/Legal Guardian Signature</b>
<b>Date</b>

<b>Internal Use Only</b>
Date Received:
Reviewed By:
Approved By:
Date Approved: