

Hospital Food Waste Donation Consent Form

Hospital/Institution Details

Hospital/Institution Name

Address

Contact Person

Phone Number

Email

Food Waste Donation Information

Type(s) of Food Waste to be Donated

Approximate Quantity

Frequency of Donation

Special Storage/Handling Instructions

Recipient Organization Details

Recipient Organization Name

Contact Person

Phone Number

Consent



I confirm that the hospital/institution agrees to donate the specified food waste and that the information provided above is accurate to the best of my knowledge.



I acknowledge that the recipient organization accepts all responsibility for the collection, transport, and use of the donated food waste, and the hospital/institution is released from liability after transfer.

Signature of Authorized Person

Date