## **School Lunch Food Donation Consent Form**

## **Student Information**

Student Name
Grade/Class
School Name
Parent/Guardian Information
Parent/Guardian Name
- diship statistically
Contact Number
Farail Address
Email Address
Consent
Consent
I hereby give consent for the school to donate my child's unused or unopened lunch food items to approved
charitable organizations.
Voc Loopcont
Yes, I consent
No, I do not consent
TO, TO THE CONSTITUTION
Additional Comments
Additional Comments
Parent/Guardian Signature
Date