

Senior Citizen Food Delivery Consent Form

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Emergency Contact

Contact Name

Contact Phone

Relationship

Food Preferences / Allergies

Dietary Requirements / Preferences

Allergies

Consent

I consent to the delivery of food to the address provided above. I acknowledge that I have reviewed any dietary information and understand that it is my responsibility to inform the provider of any allergies or health conditions. I consent to sharing my information with the food delivery coordinator and provider for the purpose of organizing safe delivery.



I agree to the above consent statement

Signature

Date